

DEPARTMENT OF THE NAVY

NAVAL HOSPITAL BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5100.1D Code 0005 7 January 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5100.1D

Commanding Officer From:

COMMAND SAFETY AND OCCUPATIONAL HEALTH PROGRAM Subj:

Ref:

- (a) DODINST 6055.1
- (b) SECNAVINST 5100.10G
- (c) SECNAVINST 5100.15A
- (d) OPNAVINST 4110.2
- (e) OPNAVINST 5100.8G
- (f) OPNAVINST 5100.12F
- (g) OPNAVINST 5100.23D
- (h) OPNAVINST 5100.25A
- (i) OPNAVINST 5102.1C (NOW INCLUDED IN 5100.23D)
- (j) OPNAVINST 11320.25B
- (k) OPNAVINST 11320.23E
- (1) BUMEDINST 5100.13
- (m) NAVMEDCOMINST 6260.3
- (n) BUMEDINST 6470.19
- (o) NAVMED P-5055
- (p) NAVMEDCOMINST 5100.4
- (q) Title 29, Code of Federal Regulations(r) Title 40, Code of Federal Regulations
- (s) 1996 Comprehensive Accreditation Manual for Hospitals (JCAHO)
- (t) MCAGCC CCO P11320.1C
- (u) MCAGCC CCO P5100.15F
- (v) MCAGCC CCO 5104.2
- (w) MCAGCC CCO 12810.2B
- (x) NAVHOSP29PALMSINST 5215.1D
- (y) NAVHOSP29PALMSINST 6220.10B
- (z) NAVHOSP29PALMSINST 4110.1A

Note: Other references are used in this document. If less well known or used as a referral source they will be mentioned only in the text.

- (1) Naval Hospital, Twentynine Palms Safety and Encl: Occupational Health Manual
- To establish a comprehensive Command Safety and Purpose. Occupational Health Program in accordance with references (a) through (u).
- 2. Cancellation. NAVHOSP29PALMSINST 5100.1C.

- 3. <u>Background</u>. The Navy has historically implemented aggressive safety programs to eliminate or abate hazardous conditions. Naval personnel, military and civilian, are faced with occupational and off-duty hazardous circumstances throughout their careers. Safety programs have worked through regulatory processes to encompass a large body of laws, rules, standards and record keeping. Naval Hospital, Twentynine Palms, Safety and Occupational Health Manual will continually evolve as it is used and reviewed by staff personnel. This document will also reflect the requirements of two major sources:
- a. Navy Occupational Safety and Health Program (OPNAVINST 5100.23D)
- b. The Joint Commission on accreditation for Hospital Organizations (JCAHO)

4. Policy

- The mission, goals and objectives of the Command Safety and Occupational Health Program can be better achieved through prudent application of risk management and loss control programs. As a management tool, the safety and occupational health effort will prevent, reduce and control losses while improving efficiency and quality. This Command can better meet the needs of our patients, staff, employees, contractor personnel and members of the public when we each accept the responsibility for incorporating safety and occupational health into our planning and operating procedures. Efforts must continue to maintain, where applicable, the "ZERO" mishap rates and where low mishap rates exist, reduce these to zero. Special emphasis should be given to the "Back Injury Prevention and Control Program" which accounts for the majority of all lost time claims in the Navy. Whenever possible, staff members are strongly encouraged to seek assistance when lifting heavy or odd-shaped objects.
- b. It is the expressed policy of the Congress and the President of the United States, the Department of Defense, the Department of the Navy, the Chief of Naval Operations and the Bureau of Medicine and Surgery that employment and places of employment are free from recognized hazards that cause or are likely to cause death or serious physical harm. Every manager, supervisor and employee shall enforce and comply with the requirements of the Navy's Safety and Occupational Health Program.
- c. The Safety and Occupational Health program applies to all areas whether accomplished by military, civil service, or contractor personnel. This program shall be aggressively

supported and promoted by all personnel and have as its ultimate goal the maintenance of a safe and healthful work place. The primary objective is to enhance operational readiness, by preventing accidental deaths and injuries to personnel, and reduce personal injury and property damage.

5. Applicability and Scope

- a. The provisions of this instruction shall apply to all Naval Hospital personnel, military and civilian including contract personnel. It is applicable to material as well as personnel.
- b. Internal safety and occupational health management rests with the Commanding Officer, Naval Hospital, Twentynine Palms for the areas and personnel under his/her cognizance, except as specifically covered in host-tenant agreements.
- c. In situations of "Imminent Danger" <u>ONLY</u> the Naval Hospital Safety Manager may stop any work, especially contractor work, direct the stabilization of the situation and notify the Commanding Officer and Contracting Officer, or ROICC of the situation.
- d. Application of this instruction is consistent with the provisions of the Civil Service Reform Act.
- 6. <u>Responsibilities</u>. Each individual is a vital link in the Navy Occupational Safety and Health (NAVOSH) Program and must share in the responsibility for mishap prevention.
- 7. Action. All staff, especially directors, department heads, and supervisors, shall implement the provisions of this instruction upon receipt. Each individual shall realize that safety awareness is a full-time job requiring alertness and actions to report and correct problems before damage or injuries occur. It is therefore incumbent upon all personnel in management, as well as subordinates, to learn, understand and fully support the Naval Hospital, Twentynine Palms Safety and Occupational Health Program.

8. Reports and Forms

a. Under this instruction periodic reports are required in order to comply with higher authority directives. These reports allow the Safety Manager to assess supervisory efforts regarding the NAVOSH Program and assist in providing a safer and healthier environment for all. Reporting requirements are outlined in each

related chapter of this instruction. At times, directors and department heads will receive requests for specific reports within the following time matrix.

(1) As necessary

- (a) Employee report of unsafe/unhealthful working conditions (Chapter 8 of this manual).
 - (b) Mishap Reports (Chapter 4 of this manual).
- (c) Request For Prescription Safety Glasses (Chapter 9 of this manual).
- (d) Request For Safety Shoes (Chapter 10 of this manual).
- (e) Employee Standard Safety Briefing (Chapter 1 of this manual).

(2) Monthly

- (a) Photo Dosimetry Report (Medical) (reference (m) and Chapter 14 of this manual).
- (b) Results of Command Zone Inspection (Operating Management Department)
 - (c) Ward Monthly Safety Check
 - (d) Operating Room Monthly Safety Check
 - (e) Fire Drill Report (reference (q)).
- (3) <u>Semi-Annually</u>. Radiation Health Program Evaluation (reference (m) and Chapter 14 of this manual).
- (4) <u>Annually</u>. Standard Operating Procedure Review (Chapter 1 of this manual).
- (5) <u>Bi-Annually</u>. Radiation Equipment Evaluation (reference (m) and Chapter 14 of this manual).
- b. The following forms, required by this instruction and references (a) through (r), are available through normal supply channels in accordance with NAVSUP P-2002:

FORM TITLE STOCK NUMBER

DD 2272 DoD Occupational Safety and Health Protection Program

0102-LF-002-2721

OPNAV 5100/9 Dispensary Permit

0107-LF-005-2600

c. The following forms are available from local Navy Publication and Printing Service Offices:

OPNAV 5100/11 Report of Unsafe/Unhealthful Conditions

OPNAV 5100/12 NAVOSH Deficiency Notice

d. The following forms, required by this instruction, are available through the Naval Hospital Central Files:

NH29P 11320.1 Fire Drill Evaluation Worksheet

NH29P 5100/1 Deleted

NH29P 5100/2 Deleted

NH29P 5100/3 Deleted

NH29P 5100/4 Deleted

NH29P 5100/5(Rev.3/94) Employee Standard Safety Briefing

NH29P 5100/6 Mishap Report

NH29P 5100/7(Rev.3/94) Request for Prescription Safety Glasses

NH29P 5100/8(Rev.3/94) Request for Safety Shoes

NH29P 5100/9 Lock-Out/Tag-Out Log

NH29P 5100/10(Rev.10/96) Coffee Mess Authorization

NH29P 5100/11 Deleted

NH29P 5100/12 Deleted

NH29P 5100/13 Deleted

NH29P 5100/14 Deleted

NH29P 5100/15(10/96) Checklist for Evaluation of Ergonomic Stress at Workstations

e. The following forms are available through the Marine Corps Air Ground Combat Center (MCAGCC) Human Resource Management Office:

<u>FORM</u> <u>TITLE</u>

CA-1 U. S. Department of Labor Notice of Traumatic

Injury and Claim for Continuation of

Pay/Compen-

sation

CA-2 U. S. Department of Labor Notice of

Occupational

Disease and Claim for Compensation U. S. Department of Labor Request for

Examination

CA-16

and/or Treatment

CA-10 U. S. Department of Labor, What a Federal Employee

should do when Injured at Work

9. Records Disposition. Record disposition shall be accomplished in accordance with the standards of the references and law. Some records relating to employees may be required to be retained as long as twenty (20) years. To the extent that any disposition standard in this instruction is inconsistent with the above references, the requirements of those instructions shall take precedence.

R. S. KAYLER

n&Kaylen

Distribution: List A



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5100.1D CH-1 Code 0005 26 August 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5100.1D CHANGE TRANSMITTAL 1

From: Commanding Officer

Subj: COMMAND SAFETY AND OCCUPATIONAL HEALTH PROGRAM

Encl: (1) New Chapter 26

1. Purpose. To transmit new Chapter 26 to the basic directive.

2. Action. Add new Chapter 26 to the basic directive.

L. E. ROBINSON

Acting

DISTRIBUTION:

List A

TABLE OF CONTENTS

CONTENTS	<u>Pages</u>
Chapter 1 - SAFETY MANAGEMENT	
1001 - Purpose 1002 - Policy 1003 - Responsibilities 1004 - Dissemination of Program Information	1-1 1-1 1-2 1-7
Chapter 2 - SAFETY AND OCCUPATIONAL HEALTH COUNCIL AND COMMITTEES	
2001 - Safety and Occupational Health Policy Council 2002 - Safety Committee 2003 - Departmental Safety Representatives	2-1 2-2 2-4
Chapter 3 - SAFETY EDUCATION, TRAINING AND PROMOTION	
3001 - Background 3002 - Action 3003 - Indoctrination of New Personnel 3004 - Stand-up Safety and Occupational Health	3-1 3-1 3-3
Meetings 3005 - Indoctrination 3006 - Training Materials 3007 - Education and Motivational Safety Material 3008 - Directives and Technical Library 3009 - Safety Bulletin Boards 3010 - Safety Awards 3011 - Nominations 3012 - Safety Award Presentations	3-4 3-4 3-4 3-4 3-5 3-5 3-8 3-8
Chapter 4 - MISHAP INVESTIGATION REPORTS AND ANALYSIS	
4001 - Policy 4002 - Definition of Mishap 4003 - Reporting 4004 - Occupational Safety and Health Act (OSHA)	4-1 4-1 4-1
Reporting Responsibilities. 4005 - Retention of Records 4006 - Requests for Mishap Reports 4007 - Department Heads' Reporting Responsibilities 4008 - Mishap Trend Analysis	4-2 4-2 4-2 4-2 4-3
Chapter 5 - INSPECTION AND ABATEMENT PROGRAM	
5001 - Purpose	5-1

7 January 1997 5002 - Background 5 - 15003 - Applicability 5-1 5004 - General 5-1 5005 - Inspections 5-1 5006 - Command Inspections 5-4 5007 - Abatement Program 5-4 5-5 5008 - Responsibilities 5009 - Hazard Abatement Plan 5-6 5010 - Risk Assessment Code Definitions 5-7 Chapter 6 - PERFORMANCE EVALUATIONS 6001 - Purpose 6-1 6002 - Discussion 6-1 6-1 6003 - Command Program 6004 - Supervisory Personnel 6-1 6005 - Measures of Supervisory Implementation of 6-1 the Navy Safety and Occupational Health Program Chapter 7 - MISHAP PREVENTION AND HAZARD CONTROL 7001 - Policy 7 - 17002 - Responsibilities 7-1 Chapter 8 - HAZARD REPORTING 8001 - Hazard Reporting 8-1 8002 - Responsibilities for Responses to Hazard Reports 8-1 8-3 8003 - Appeals Chapter 9 - SIGHT CONSERVATION 9001 - Background 9 - 19-1 9002 - Discussion 9-1 9003 - Policy 9004 - Competencies 9-2 9005 - Action 9-2 9006 - Naval Hospital Eye Hazard Listing 9-4 9007 - Eye Injury First Aid 9-6 9 - 79008 - Emergency Eyewash Stations Chapter 10 - FOOT PROTECTION 10001 - Requirement for Footwear 10-1 10002 - Occupational Foot Protection 10 - 110003 - Appropriation and Distribution 10-2

NAVHOSP29PALMSINST 5100.1D

10004 - 10005 -	Record Keeping and Control Responsibilities	10-3 10-3
Chapter	11 - ELECTRICAL SAFETY	
11002 - 11003 - 11004 - 11005 -	Responsibilities Facilities/Medical Repair Personnel Patient-Owned Electrical Equipment Staff-Owned Electrical Equipment Staff-Owned Medical Devices Coffee Mess/Microwave Oven Authorization	11-1 11-2 11-3 11-4 11-4
Chapter	12 - HANDLING, STORAGE AND USE OF COMPRESSED GAS CYLINDERS	
	Procedures Special Precautions: Oxygen and Nitrous	12-1
	Oxide Cylinders Fuel-Gas Cylinders Nonflammable Anesthetics	12-1 12-3 12-4
Chapter	13- RESPIRATORY PROTECTION PROGRAM	
13002 - 13003 - 13004 - 13005 - 13006 - 13007 - 13008 -	Background Responsibilities Procedures Use of Respirators Training Maintenance and Care of Respirators Purchase Surveillance of Work Area Evaluation of Respiratory Protection Program	13-1 13-3 13-3 13-4 13-5 13-6 13-6
Chapter	14 - RADIATION SAFETY PROGRAM	
14002 - 14003 -	Background Radiation Safety Manager Radiation Protection Surveys Radiation Protection Standard	14-1 14-1 14-1
14005 - 14006 - 14007 - 14008 -	(Ionizing Radiation) Monitoring Exposure Records Protection of Patients Training	14-1 $14-2$ $14-2$ $14-2$ $14-2$
	Quality Control Program Audit	14-3 14-3

Chapter 15 - HAZARDOUS MATERIAL CONTROL PROGRAM

15004 - 15005 - 15006 - 15007 - 15008 - 15009 - 15010 - 15011 -	Policy Background	15-1 15-1 15-1 15-2 15-2 15-3 15-6 15-8 15-10 15-12 15-14
Chapter	16 - LOCK/OUT TAG/OUT	
16001 - 16002 -	Lock/Out Tag/Out of Energized Equipment Process	16-1 16-2
Chapter	17 - FIRE PROTECTION	
17002 -	Regulations Responsibilities Task Responsibilities and Authority	17-1 17-1
17005 - 17006 - 17007 -	During Potential/Actual Emergencies or Fire Drills Discovery of a Fire Evacuation Plans Evacuation Fire Prevention Quarters Action	17-2 17-4 17-4 17-5 17-6 17-6
Chapter	18 - RECREATION, ATHLETICS AND HOME SAFETY	
18003 - 18004 -	Discussion	18-1 18-1 18-1 18-1 18-2
Chapter	19 - SAFETY AND OCCUPATIONAL HEALTH CHECKLIST	
19002 - 19003 - 19004 -	Background Self-inspection Checklist Responsibilities Frequency of Inspections Competencies	19-1 19-1 19-1 19-1 19-1

Chapter	20 - MOTOR VEHICLE SAFETY/ACCIDENT PREVENTION	
20002 -	- General - Responsibilities - Government Motor Vehicle Accident	20-1 20-1
	Reporting	20-2
	Private Motor Vehicle Accident Reporting (on-Center)	20-2
	Listening Devices Special Requirements for Occupant	20-2
20007 -	Crash Protection Speed Limit Aboard MCAGCC	20-2 20-4
	Motor Vehicle Safety Training	20-5
Chapter	21 - OFFICE SAFETY	
21002 - 21003 - 21004 - 21005 - 21006 - 21007 - 21008 -	Purpose General Equipment Miscellaneous Office Machines Fans Waste Baskets Ladders Housekeeping Lifting Holiday Decorations	21-1 21-2 21-2 21-3 21-3 21-3 21-3
Chapter	22 - LASER SAFETY	
22002 -	Responsibilities	22-1 22-1 22-1 22-3
Chapter	23 - ERGONOMICS PROGRAM	
23002 - 23003 - 23004 -	Purpose Background Responsibilities Training Medical Program	23-1 23-1 23-1 23-3 23-3
Chapter	24 - CONFINED SPACE ENTRY	
24003 -	Policy Background Identification and Entry Authorization Responsibilities	24-1 24-1 24-1 24-2

Chapter	25 - INPATIENT/OUTPATIENT SAFETY	
25002 -	Purpose Background Objective	25-1 25-1 25-1
Chapter	26 - HELICOPTER LANDING/LAUNCHING	
26001 - 26002 - 26003 -		26-1 26-1 26-2
Chapter	27 - INDUSTRIAL HYGIENE	
27002 - 27003 - 27004 - 27005 - 27006 - 27007 -	Background General Action Hearing Conservation and Noise Abatement Asbestos Control Polychlorinated Biphenyls (PCB) Man-Made Vitreous Fibers (MMVF) Occupational Reproductive Hazards Indoor Air Quality Management (IAQ)	27-1 27-1 27-2 27-2 27-3 27-3 27-3 27-4
	κ A - Employee Standard Safety Briefing	
	NH29P Form 5100/05	A-1
	k B - Mishap Report NH29P Form 5100/06	B-1
Appendix	C - Request for Prescription Safety Glasses NH29P Form 5100/07	C-1
Appendix	x D - Request for Safety Shoes NH29P Form 5100/08	D-1
Appendix	KE - Lock/out-Tag/out Log NH29P Form 5100/09	E-1
Appendia	k F - Coffee Mess Authorization	
Appendia	NH29P Form 5100/10 G - Checklist for Evaluation of Ergonomic Streen NH29P Form 5100/15	F-1 ess G-1

5100 Ser 0005/96-0497 20 August 1996

From: Commanding Officer

To: All Hands

Subj: SAFETY AND OCCUPATIONAL HEALTH POLICY

- 1. This letter sets forth my commitment to safety and occupational health. I am sincerely concerned for the safety and well-being of each member of this Command and persons who visit our facilities. We have an obligation to maintain a healthcare facility free of foreseeable safety and occupational health hazards.
- 2. Mission readiness for this Command, the Combat Center, the U.S. Marine Corps and the Navy requires that military members and employees be available to perform their vital duties. To that end, every member of this Command must exercise diligence by strictly adhering to safety and occupational health regulations. Our people are our most important resource. I call upon all hands to be alert, to become informed about OSHA rules and regulations and to be prompt in correcting or reporting safety and occupational health hazards.
- 3. I am committed to ensure that members of this Command are informed on safety and occupational health issues. Bulletin boards, plan of the day entries, periodic lectures, safety and zone inspections, equipment safety information and command instructions are among the numerous approaches that this Command will employ to highlight the importance of safety and occupational health. Every manager, supervisor, civilian employee, officer and enlisted person shall enforce, advocate and comply with requirements of the Navy Safety and Occupational Health Program as directed by OPNAVINST 5100.23D.
- 4. Our goal must be to keep each person who presents healthy and safe and to prevent accidents by judicious application of safety rules, training, education, supervision and teamwork. Safety and health must be integral to every phase of our lives and work, and incorporated in our vision, plans, policies, procedures, operations and conclusions.

R. S. KAYLER

CHAPTER 1

SAFETY MANAGEMENT

- 1001. <u>Purpose</u>. To establish comprehensive Command policy, responsibilities and procedures for the implementation, management, and control of the Safety and Occupational Health Program within Naval Hospital, Twentynine Palms.
- Policy. Safety is an inherent responsibility of command. 1002. Each individual assigned to this Command has a responsibility to ensure the safest environment possible. It is the policy of the Naval Hospital, Twentynine Palms to provide a safe and healthful workplace, free from recognized hazards, for all personnel. provision applies equally to employees, patients and visitors. This policy and the promulgation and enforcement of safety regulations is vested in the Commanding Officer, Naval Hospital, Twentynine Palms, by Department of the Navy regulations. Implementation, direction, and control of this program shall be by line managers and supervisors through the chain of command to ensure safe and healthful operations and working conditions. Program administration and support, including technical advice and recommendations pertaining to safety and health, are a staff responsibility operating through the chain of command. The program shall include the following features:
 - a. Compliance with applicable standards.
- b. Prompt abatement of identified hazards to the maximum extent practicable.
- c. Procedures for all personnel to report suspected hazards.
 - d. Safety training of all personnel within the command.
- e. Procedures to review in advance of construction and procurement, design of facilities, systems and subsystems in order to ensure that hazards are eliminated or controlled throughout the life cycle of the program.
 - f. Thorough mishap investigation and reporting.
- g. Periodic or at least Annual inspections of all workplaces. Semi-annual for "High Risk" areas. This is interpreted to mean annually in office and administrative spaces and semi-annually in all patient care and clinical areas.
- h. Comprehensive occupational health surveillance programs, both medical and industrial hygiene.

i. Procedures that recognize superior or deficient performance with regard to safety and occupational health principles.

1003. Responsibilities

- a. Commanding Officer. Pursuant to the policy guidance of reference (b), the Commanding Officer is responsible for establishing and maintaining an effective and comprehensive safety and occupational health program. In carrying out these responsibilities, the Commanding Officer shall:
- (1) Conduct an aggressive, continuing Safety and Occupational Health Program designed to prevent mishaps, injuries and illnesses.
- (2) Ensure that periodic Safety and Occupational Health inspections and surveys are conducted to ensure compliance with the requirements of this instruction and other applicable directives from higher authorities.
- (3) Establish goals and objectives for the program and evaluate program performance.
- (4) Establish and maintain active safety and health committees as required by reference (g) and Chapter 2 of this manual.
- (5) Establish and maintain a personnel protection program to protect personnel against hazardous exposures which cannot be completely abated in accordance with reference (q).
- (6) Establish a hazard reporting system for use by individuals in accordance with reference (g) and Chapter 8 of this manual.
- (7) Ensure compliance with current mishap reporting procedures in accordance with reference (g) and Chapter 4 of this manual.
- (8) Establish NAVOSH education and training programs pursuant to reference (g) and Chapter 3 of this manual.
- (9) Ensure that files of applicable regulations are maintained, including locally developed directives and publications which are in consonance with regulations from higher authorities.
 - (10) Ensure that safety and occupational health

responsibilities are clearly defined and assigned to qualified personnel pursuant to reference (g).

- (11) Provide assigned personnel and their representatives access to exposure and medical records pursuant to reference (g) and 29 CFR 1910.1200.
- (12) Establish a hazard abatement program pursuant to reference (g) and Chapter 5 of this manual.
- (13) Establish positive procedures to protect all Naval Hospital personnel from coercion, discrimination or reprisals for participating in the NAVOSH program.
- (14) Establish and maintain a Hazard Communication and Hazardous Materials Safety Program pursuant to references (d), (q) and (z).

b. The Executive Officer:

- (1) Ensures implementation of an effective, flexible, integrated and comprehensive Safety Management Program through strong, supportive leadership.
- (2) Serve as the downlink for the Command Safety Policy Council to the Safety Committee, per NAVHOSP29PALMSINST 5430.1B.
- (3) Coordinate risk management functions for patient and visitor mishaps, per BUMEDINST 6010.21.

c. Department Heads shall:

- (1) Give active support through leadership and instructing subordinates regarding the Mishap Prevention Program. Safety and occupational health issues shall be included on meeting agendas when deemed appropriate.
- (2) Hold each supervisor accountable for mishaps involving personnel, material and equipment under their supervision.
- (3) Make recommendations to the Safety Manager regarding proposed safety instructions applicable to their department.
- (4) Document safety performance when writing personnel fitness and evaluation reports, consistent with the duties of the positions. Performance evaluations shall reflect personal accountability and with appropriate recognition of superior performance, or conversely, deficient performance as appropriate.

- (5) Be familiar with the applicable safety and health requirements for each operation, building, equipment or material, or area for which they are responsible.
- (6) Inspect operating practices and conditions for hazards, and take appropriate corrective actions.
- (7) Educate and train personnel under their supervision in approved safety procedures and work methods, and ensure that personnel are familiar with the safety and health practices for their trade. Ensure that all New Employees are briefed regarding safety (NAVHOSP29PALMS Form 5100/05) within 30 days of assignment. Maintain a copy safety brief form on file with the original to the Safety Manager.
- (8) Promptly report any safety/health hazards not under their jurisdiction to higher authority.
- (9) Exercise good leadership by personally observing all appropriate safety and health rules.
- (10) Plan work assignments with full regard to the protective equipment and safeguards required.
- (11) Review the safety and health instructions appropriate to their specific assignments with their personnel.
- (12) Consult with the Safety Manager on safety and health matters not covered by published instructions to obtain proper guidance in the approved precautions or requirements.
- (13) Ensure that areas are personally inspected daily and action are taken to eliminate hazards and unsafe practices.
- (14) Ensure that safety instructions, written or oral, are enforced.
- (15) Ensure personnel under their supervision are not permitted to operate any machine or equipment that the person is not familiar with or properly trained to use.
- (16) Ensure that personnel report immediately to the Occupational Health clinic/Emergency Room for treatment of injuries. Incidents resulting in extensive property damage or a disabling injury will be reported immediately to the Executive Officer and Safety Manager. This verbal report shall be promptly followed by a mishap report to the Safety Manager pursuant to reference (q) and Chapter 4 of this manual.

- (17) Conduct two monthly stand-up safety meetings with department personnel. Document safety training and submit a copy of this documentation to the Safety Manager.
- (18) Ensure that applicable safety precautions, including warning signs, are posted in conspicuous places, and that suitable barriers and shields are posted around all hazardous areas.
- (19) Ensure that appropriate safety equipment and/or personal protective equipment (PPE) has been issued and is properly used and maintained.
- (20) Ensure that appropriate measures for the purchase, funding and budgeting for personal protective equipment for use by their workers are taken.

d. Risk Manager shall:

- (1) Implement an integrated risk management program ensuring the sharing of pertinent information with the Safety Manager and the Safety Committee.
- (2) Assist Safety Committee by providing information regarding predictive data and preventative action plans to minimize the risk associated with clinical activities.
- (3) Coordinate all aspects of Risk Management Program to communicate loss prevention activities to key administrative personnel and the Safety Committee.
- (4) Investigate all serious unanticipated or unexpected outcomes resulting in patient or visitor injury, directed at identifying and eliminating causes of system failure.

e. All personnel shall:

- (1) Comply with NAVOSH standards and all applicable rules, regulations and orders issued pursuant to this manual. Violators of NAVOSH regulations or other instructions shall be subject to administrative or disciplinary action in accordance with Civilian Personnel Instruction (CPI 752) or the Uniform Code of Military Justice. Such actions may be considered violations of federal law and shall also be considered in personnel performance evaluations (Chapter 6 applies).
- (2) Report observed workplace hazards in accordance with procedures outlined in Chapter 8 of this manual.

(3) Report immediately to their supervisor any injuries or occupational illnesses, or property damage resulting from a mishap.

f. The Safety Manager shall:

- (1) Execute and oversee the administrative details of the Safety and Health Program pursuant to the references.
- (2) Prepare, promulgate, review activity safety and health rules and regulations as approved by the Commanding Officer, as frequently as necessary, but at least every three years.
- (3) Act in an advisory capacity on all safety and health matters to the Command at all levels of supervision.
- (4) Conduct or cause to be conducted safety inspections and surveys to identify safety violations and hazards, and deficiencies in facilities and equipment.
- (5) Maintain complete and accurate records on the mishaps, injuries, and occupational illness experiences of the activity, and complete and submit the reporting requirements established by higher authority.
- (6) Conduct safety and occupational health mishap investigations and studies. Analyze reports of occupational injuries, illnesses, property damage, identify cause factors, determine trends, and initiate program improvement action.
- (7) Maintain liaison with departments on the adequacy of tools, equipment, facilities, design, plans and specifications from a safety and health standpoint.
- (8) Determine the requirements for PPE in hazardous operations; serve as technical consultant in the procurement thereof, and coordinate all facets of the personal protection programs.
- (9) Assist department heads in developing and conducting safety training and education, including indoctrination to new personnel reporting aboard.
- (10) Provide consultation service, advice, and guidance to all levels of the command on the technical aspects of safety, the principles of hazards recognition and control and application of these principles as it relates to their primary functions and operations.

- (11) Foster safety-awareness on the part of personnel at all levels of the organization through appropriate promotional methods and channels of communication.
- (12) Ensure the Hazard Communication and Hazardous Material Safety Programs are established and maintained as required.
- (13) Provide materials and assistance to department heads for conducting bi-weekly stand-up meetings.
- (14) Take immediate steps to stop any operation or hazardous practice where there is impending danger of serious injury, death or serious danger of damage to equipment or material, within his/her authority.
- (15) Coordinate a comprehensive, effective and continuous motor vehicle mishap prevention program.
- (16) Emphasize procedures and responsibilities for inspecting, using and repairing load lifting equipment.
- (17) Coordinate with concerned departments for new construction, equipment and structural alterations to ensure conformity with safety requirements.
- (18) Establish and maintain liaison between the MCAGCC Safety Manager, other DOD activities, and federal, state and local activities for coordination of specialty functions such as medical, fire and security.
- 1004. <u>Dissemination of Program Information</u>. Information on safety and occupational health programs shall be posted and disseminated to all personnel. In addition, the Safety Manager shall:
- a. Inform personnel of the protection and obligations provided for in the NAVOSH program.
- b. Ensure personnel are aware how to report unsafe or unhealthful working conditions pursuant to reference (g) and Chapter 8 of this manual.
- c. State the location(s) where personnel can review copies of the NAVOSH Standards, records of safety and health committees and their actions and recommendations, and other various documents on the command safety and occupational health program.
 - d. Make available a copy of the annual summary report of

occupational injuries and illnesses (OPNAV 5100/5) for the preceding year. This form shall be posted in a prominent location (Example: Safety Bulletin Boards) during the month of January each year for a minimum of forty-five (45) days.

CHAPTER 2

SAFETY AND OCCUPATIONAL HEALTH COUNCILS AND COMMITTEES

2001. Safety and Occupational Health Policy Council

- a. Purpose. To consider, define, study and establish policies, processes and programs pertinent to safety and occupational health matters as outlined in reference (g) and other related directives. It is not the function of the Safety Policy Council to duplicate the actions or functions of the Safety Committee, but rather to review, create, rescind, abolish and set safety policy in compliance with reference (g) and this instruction.
- b. Membership. Membership of the Command Safety and Occupational Health Policy Council shall be as follows:
 - (1) Chairperson Commanding Officer or designee
- (2) Executive Officer serving as the downlink for the Council to the Command Safety Committee
 - (3) Safety Manager
 - (4) Directors
 - (5) Command Quality Assurance Coordinator
 - (6) Command Master Chief
 - (7) Ad Hoc members as assigned by the Commanding Officer

NOTE: In the event any permanent member is unable to attend, the member <u>shall</u> designate another executive level representative, cognizant of the proposed agenda to attend.

- c. Meetings. The council will meet quarterly and/or at the discretion of the Commanding Officer.
- d. Meeting Minutes. The Assistant to the Director For Administration will assure the preparation, publication and file maintenance of the minutes of all such meetings.
 - e. Responsibilities
- (1) Make recommendations to correct safety and occupational health problems within the command to the Commanding Officer.

- (2) Study safety and occupational health implications of intra-departmental functions, changes in procedures, and processes.
 - (3) Consider matters referred by the Safety Manager.
- (4) Review the proceedings of, and evaluate the effectiveness of the Safety Committee. Provide guidance and refer specific tasks to this committee.
- (5) Review priorities and requirements for funds to provide safeguards to correct unsafe and unhealthful conditions.
 - (6) Carry out tasks assigned by the Commanding Officer.
 - (7) Review command lost time injury and illness reports.
- (8) Review quarterly, frequency and severity rates for the command.
- (9) Review status of Command's progress in meeting the President's Mishap Reduction Goal.
- (10) The council will address safety and occupational health problems with and direct the authority having jurisdiction to correct deficiencies at the lowest level possible.

2002. <u>Safety Committee</u>

- a. Purpose. To assist the Safety and Occupational Health Policy Council by identifying existing or potential hazards and deficiencies; to recommend corrective measures to that council; and to promote and assure an effective continuing Safety and Occupational Health program within the Naval Hospital.
- b. Membership. The Safety Committee will be chaired by the Safety Manager. The Executive Officer shall serve as the downlink from the Safety and Occupational Health Policy Council to the Safety Committee. Other members will include Safety staff, the senior military member or civilian supervisory representative from the following departments/duties:

Fiscal Facilities Management

Operating Management
Infection Control
Industrial Hygiene
Surgical Services
Emergency Preparedness

Education & Training
Performance Improvement/Risk
Management
Equipment Management
Hazardous Materials
Medical Services
Nursing Services

NOTE: In the event a permanent member is unable to attend, the assigned member shall designate another leadership level representative (with authority to vote), who is cognizant of the proposed agenda, to attend.

- c. Meetings. Committee meetings will be held monthly. The meeting time and location will be announced by way of an agenda published a minimum of four (4) days in advance of the meeting. Normally, these meetings will precede the Command Safety and Occupational Health Policy Council.
- d. Meeting Minutes. The Safety Manager will prepare, or cause to be prepared, minutes of all such meetings. The Committee Chairman will review the minutes, affix appropriate comments, and forward to the XO and Safety and Occupational Health Policy Council for consideration and further action as necessary.

e. Responsibilities

- (1) Perform special tasks assigned by the Commanding Officer, referred by the policy council. This committee may address any safety related issue referred to it to review.
- (2) Study safety and occupational health implications of interdependent functions, procedures and processes.
- (3) Study the safety of visitor and patient presence and movement within the activity.
- (4) Conduct safety reviews and/or analyses to determine what specific and general controls should be applied to improve safety within departments.
- (5) Consider ways and means of improving the effectiveness of rules, regulations, procedures, instructions, etc.
- (6) Promote safety and occupational health consciousness throughout the command.
- (7) Review command lost time injury and illness reports, and reports.
- (8) Review quarterly frequency and severity rates for the command.
- (9) The committee will address safety and occupational health problems with the direct authority to correct deficiencies at the lowest level.

2003. <u>Departmental Safety Representatives</u>

- a. Purpose. To assist the Command, Department Head, Safety Manager and Safety Committee by identifying existing or potential safety and health hazards within departmental workplaces. To serve as the safety Point of Contact for the employees in the work space. To receive training from the OSH office and return to the department and train the members of the department. To assist the department head or division officer in the preparation of records, reports, files, classes and to serve as safety trainers for the department. Further, to be alert for, and assure that the supervisors are notified of any suspected or actual unsafe or unhealthful working condition that could adversely affect themselves or fellow workers.
- b. Assignment. Each department head shall assign an employee of each department/activity who shall serve as the Departmental Safety and Environmental Representative.
- c. Meetings. At least one Departmental Safety Reps. meeting will be held quarterly at a place selected by the Safety Manager.
- d. Meeting Minutes. No formalized minutes of Departmental Safety Representatives meetings are required; however, a roster of attendees and topics/situations discussed will be provided to the concerned department head for recording in individual/department records.

e. Responsibilities

- (1) Perform special tasks assigned by the Commanding Officer, Safety Manager or referred by the Safety Committee.
- (2) Review the causes of individual injuries and occupational illnesses.
 - (3) Review incident, mishap and injury reports.
 - (4) Review safety and occupational health procedures.
- (5) Evaluate risks and review requirements for safeguards, safety devices, environmental controls and personal protective equipment.
- (6) Review the effectiveness of safety education, promotion, and training activities.
- (7) Review beneficial suggestions to improve safety and occupational health.

- (8) Review specific safety and occupational health deficiencies reported to the committee by any person.
- (9) Conduct and log inspections of any eyewash in the department. (Required Weekly)
- (10) Conduct and log monthly fire Extinguisher inspections.
- (11) Conduct monthly departmental self inspections, using the Zone Inspection Checklist, and forward the results through the Department Head, to the Safety Department.
- (12) Serve as the Hazardous Materials point of contact for the department. Maintain the current Authorized Users List (AUL) for the department. Apply for the addition or deletion of materials from the AUL.

CHAPTER 3

SAFETY EDUCATION, TRAINING, PROMOTION AND AWARDS

3001. Background

- Training is an integral part of the Total Quality Leadership philosophy embraced by the Department of the Navy and is the key to success in any endeavor. People must be fully trained to do their jobs. Studies indicate that an individual's past occupational experiences are factors in reducing the incidence of repeated job-related mishaps. Training, where properly applied, can substitute for certain aspects of this experience. The key to a successful safety and health training effort is through the application of goal-oriented techniques. Adherence to safe operating practices and procedures cannot occur without the full cooperation of personnel, which requires a clear and defined knowledge of job-related potential hazards and a practical understanding of the strategies necessary to prevent them. goal may be achieved most effectively through a well developed and coordinated training program that includes safety and occupational health training for supervisory personnel, employees responsible for conducting safety and health inspections, members of safety and health councils or committees, and all other employees.
- b. Safety and occupational health training shall be conducted appropriate to the responsibility level of the individual being trained; however, as a minimum, it must provide personnel with sufficient information for effective participation in the Safety and Occupational Health Program.

3002. Action

- a. Safety and Occupational Health Training. Lectures, instructions, briefings, publications, posters and other media shall be used to inform individuals and groups on safe practices, methods, procedures and processes and to instill safety consciousness. Safety stand-up meetings shall be conducted with non-supervisory personnel at a minimum of five minutes every two weeks. All sessions shall be properly documented as to subject matter, lecturer, attendees, signatures and dates. Entries shall be made to training records to reflect all individual Safety and Occupational Health Training received. Training shall include active duty military and civilians. Completed originals shall be forwarded to the Education and Training Department.
- b. Training Requirements. Records will be maintained for five years to indicate training provided, list of attendees, and

the date of the training. Individual employee records shall also be annotated to reflect the training received.

- (1) <u>Management Personnel</u>. Management personnel will receive safety training to enable them to actively and effectively support safety programs in their specific areas of responsibility. In addition to coverage of appropriate statutes, regulations, and applicable Navy safety and health standards, management level training shall include the following:
- (a) An in-depth examination of management's responsibilities in relation to the activity's safety program. The general emphasis of this aspect of management level training shall be aimed at ensuring that an aggressive and continuing safety program is implemented throughout the activity. Training topics may include an analysis of compliance procedures, the study of current mishap reporting procedures, and a thorough understanding of follow-up investigation/inspection techniques;
- (b) A review of Navy Policy concerning all relevant aspects of the NAVOSH program. A sound comprehension of material provided in this manual is essential to implementation of an integrated Safety and Occupational Health program; and
- (c) A comprehensive examination and analysis of NAVOSH program objectives and goals.
- (2) Supervisors, Employee Representatives and Workplace <u>Designated Safety Assistants</u>. Training for these personnel shall include introductory and specialized courses and materials which will enable them to recognize unsafe/unhealthful working conditions and practices in the workplace. For supervisory personnel, training shall also include the development of skills necessary to manage the safety program in their workplace. These management skills will require subsequent training and motivation of subordinates in the development of safe and healthful work practices and involves integration of occupational safety and health programs with job training. Training for supervisory personnel shall also include safety performance measurement, enforcement of NAVOSH standards, mishap/illness investigations, and the use and maintenance of personal protective equipment. Newly appointed supervisors shall receive safety training within 120 days of their appointment and continuing refresher training thereafter.
- (3) <u>Non-Supervisory Personnel</u>. Safety training for non-supervisory personnel shall include specialized job safety and health training (Site Specific) appropriate to the work being performed. This specialized training shall be directed toward

NAVOSH standards, and an analysis of associated material and equipment hazards. Employee training shall be conducted with input and direction from the workplace supervisor and include instruction on employee rights and responsibilities pursuant to safety and occupational health statutes, regulations, and NAVOSH program. Arrangements shall be made to provide training to all newly employed personnel as close to the time of employment as possible. Initial training for new employees is provided by department heads during new personnel briefings.

- 3003. <u>Indoctrination of New Personnel</u>. Department heads shall ensure that new personnel are informed of the following, as a minimum:
- a. Local, command and work unit policy on safety and occupational health (Employee Standard Safety Briefing NAVHSOP29PALMS Form 5100/05);
- b. Individual responsibility on safety and occupational health;
- c. Employee reporting procedures for hazardous operations/ conditions;
- d. Awareness of hazards common to the individual's work site, trade, occupation, or task;
- e. Requirements for reporting of their mishaps and work-related illnesses (on and off-duty);
- f. Procedures for reporting unsafe or unhealthful conditions or practices in the workplace;
 - g. The fire alarm system and evacuation plan;
- h. Requirements for the use of personal protective equipment;
- i. Sight conservation program requirements (required on initial assignment);
- j. Hearing conservation program requirements (where applicable), required on initial assignment and refresher training annually).
- k. Back injury prevention program (two hours annually required for all personnel);
- m. Hazard/Hazardous Material communication (required initially and as program changes occur); and

- n. First aid/cardiopulmonary resuscitation (CPR) training. Medical department health care workers shall be CPR certified at all times.
- 3004. Stand-Up Safety and Occupational Health Meetings. To maintain a high level of employee safety awareness, regularly scheduled stand-up safety and health meetings will be held by department heads. These meetings are one of the most effective means of promoting on-the-job safety and health. It is the responsibility of department heads to ensure that first line supervisors conduct stand-up safety and health meetings that not only relate to general safety and health matters, but also to possible work hazards that could be encountered by those attending the meetings, and that only safety and health matters are discussed during the time allotted. Responsibilities are primarily the same with the goal remaining of maintaining a high level of employee safety awareness.
- 3005. <u>Indoctrination</u>. Safety educational and promotional materials such as posters, films, technical publications, pamphlets and related materials can be beneficial in the reduction and prevention of workplace related mishaps and illnesses.
- 3006. <u>Training Materials</u>. The Safety Manager maintains the Command safety library and is the repository of safety information.

3007. Education and Motivational Material

- a. On-Duty. Material for distribution shall be provided to all departments by the Safety Manager. Material will usually consist of pamphlets, items in the Plan-of-the-Day and appropriate posters. Special emphasis shall be placed on seasonal and holiday periods.
- b. Off-Duty. Off-duty safety education and motivation is especially important. Efforts to promote off-duty mishap prevention shows command concern for the welfare of personnel. The Safety Manager shall obtain material on off-duty safety precautions and provide it to department heads for dissemination to personnel in their charge.

3008. Directives and Technical Library

a. Department heads are responsible for developing and maintaining current standard operating procedures (SOP's). These will be coordinated and approved by the Safety Manager prior to implementation and reviewed annually for currency.

- b. The safety of personnel and property shall be considered and integrated into all task instructions and operative checklists published by the command.
- c. Department heads shall afford their personnel the opportunity to visit the Safety Manager and review noted documents.
- d. Interested personnel may review the command safety and occupational health program by contacting their individual safety representative or the Safety Manager. Various safety and health codes and standards, records of safety and health committee meetings, quarterly and annual reports, NAVOSH employee protection programs and the formal deficiency abatement program will be retained by the Safety Manager.
- 3009. <u>Safety Bulletin Boards</u>. Six Command Safety Bulletin Boards are located in highly visible areas, accessible to all personnel. The bulletin boards will be maintained in a neat and orderly state. Non-safety items of interest shall not be placed upon the safety bulletin board. The safety bulletin board is to be used to post current safety posters, "Safety Grams" and other safety promotional materials. As a minimum the following items will be posted on the Command Safety Bulletin Boards:
- a. D.D. Form 2272, Department of Defense Safety and Occupational Health Protection Program poster (NAVHOSP & MCAGCC info)
- b. OPNAV 5100/11, Navy Employee Report of Unsafe or Unhealthful Working Conditions (blank forms)
- c. Instructions for completion and coordination of OPNAV 5100/11.
 - d. Commanding Officer's Safety Policy Letter.
- e. Form CA-10, "What A Federal Employee Should Do When Injured At Work."
- f. Annual Navy Civilian Injury Report (OPNAV 5102/8) at the beginning of each fiscal year for thirty days.
 - g. Fire Bill
 - h. Safety Poster
- 3010. <u>SAFETY AWARDS</u> Following reference (c), the Department of the Navy encourages civilian employees and military personnel to

apply safe working practices in all their daily operations. To stimulate interest in accident prevention, a number of safety awards have been developed and are presented as official recognition of commendable safety records attained by individuals and groups. It is the policy of the Command to recognize deserving persons and groups who attain excellent records in safety through careful attention to the performance of assigned duties, prudent observance of safety rules and practices, and vigilant administration or supervision of hazardous work. The following listed awards have been designed for this program.

a. Department of the Navy Accident Prevention Award (Group)

- (1) <u>Description</u>. This award is issued to groups which have completed a least one calendar year without a disabling work and duty injury. A certificate is presented signed by the Commanding Officer.
- (2) <u>Definition</u>. A group as used for purposes of this award is a department with seven or more military/civilian personnel.

(3) Criteria for Eligibility

- (a) The Log of Navy Occupational Injuries and Illnesses will be used as the primary basis for determining eliqibility for this award.
- (b) The occurrence of a disabling work and duty injury to any staff member in any component during the calendar year automaons of similar designation or size in the hospital.
- (c) Safety inspection records should also surpass competitive units. Only one group is selected each year.

(4) Selection of Award Winners

- (a) The Safety Manager will review all nominations for accuracy and completeness for review by the Safety Committee and recommendation to the Safety Policy Council.
- (b) The Safety Policy Council will review all recommendations and make its recommendation to the Commanding Officer.

b. <u>Department of the Navy Accident Prevention Award</u> (Supervisor)

(1) <u>Description</u>. This award may be given to supervisors, military and/or civilian, in recognition of safe

work practice who complete a calendar year without a disabling work injury to themselves or to personnel under their supervision. A certificate may be presented with the cumulative number of years that the award has been granted and is signed by the Commanding Officer.

(2) <u>Definition</u>. As used for this purpose a supervisor, military or civilian, is one who immediately directs the job effort of seven or more individuals.

(3) Criteria for Eligibility

- (a) The Log of Navy Occupational Injuries and Illnesses will be used as the primary basis for determining eligibility of this award.
- (b) A supervisor is eligible for recognition when he/she and all employees at every level under his/her supervision for an entire calendar year do not experience a disabling work or duty injury.
- (c) This supervisor displays exceptional safety consciousness for themselves and their employees through encouraging, promoting and ensuring safety practices are followed.
- (d) A supervisor selected would be further defined by having an very active departmental safety training program, a high rate of employee participation in safety training sessions and an outstanding internal and external safety inspection program and record. Only one supervisor is selected each year.

c. <u>Commanding Officer's Award for Safety Achievement</u> (Individual)

(1) <u>Description</u>. This award recognizes an individual whose action significantly contributed to the safety posture of the command, prevented or lessened the effects of a mishap, or other safety related action(s) deemed appropriate by the submitting official.

(2) Criteria for Eligibility.

- (a) All command personnel, to include non-OSH individuals tasked with safety responsibilities for an activity or department, may be nominated for the award.
- (b) Individuals selected must have contributed to safety through superior performance and achievements. The

individual must have made one or more contributions in safety that are measurable and considered significant.

- (c) Examples: Solving a critical or recurring safety problem; development and adoption of methods that enhance a safety program; assisting their department, clinic, or command in defining new standards, creating directives, conducting in-house inspections and designing safety resources; making a significant contribution to the overall outcome of a higher echelon Occupational Safety and Health (OSH) inspection; and/or conducting outstanding OSH training.
- (d) In extreme circumstances, the Commanding Officer may authorize more than one individual award in a given calender year.

3011. Nominations

Directors, Department Heads or Division heads are encouraged to submit safety award nominations, each year, to the Safety Manager not later than 01 April, of the year following the covered year, for review and recommendation and referral through channels to the Commanding Officer. The following information is needed:

- a. <u>Group Awards</u>: Group Designation
 - (1) Safety Accomplishments
 - (2) Safety Record
 - (3) Contribution to Safety Awareness
- b. <u>Supervisor Awards</u>: Name, rank/grade, job title
 - (1) Safety Accomplishments
 - (2) Safety Record
 - (3) Contribution to Safety Awareness
- c. <u>Individual Awards</u>: Name, Rank/grade, job title,
 - (1) Safety Accomplishment(s)
 - (2) Safety Record
 - (3) Contribution(s) to Safety Awareness

The Safety Manager will review appropriate records to verify eligibility for the safety awards.

The Safety Committee and Policy Council will provide the Commanding Officer with appropriate award recommendations for group, supervisor and individual awards on an annual basis.

3012. <u>Safety Award Presentations</u>. To maximize the incentive value of safety awards, presentations should be made promptly

after they are earned. Awards should be presented with appropriate ceremony and publicity by the highest command level practicable.

MISHAP INVESTIGATIONS, REPORTS AND ANALYSIS

- 4001. <u>Policy</u>. Mishaps shall be investigated and reported to reveal the causes, nature and trends of mishaps and associated injuries. The information gathered shall be used for the administration of a mishap prevention program.
- 4002. <u>Definition of a Mishap</u>. Any unplanned or unexpected event causing personal injury, occupational illness, death, or material loss or damage.
- 4003. Reporting. All mishaps that result in personal injury, illness, or property damage shall be the subject of a report; the severity of the loss governs the extent of reporting. Reporting requirements can range from a few short notes for a minor incident or near-miss to a formal mishap investigation board. The Mishap Report (NH29P 5100/06 (Rev 3/94)) shall be used to report all mishaps.
- a. Criteria for reporting traumatic injuries and occupational illnesses are contained in OPNAVINST 5100.23 series. Brief hospital guidelines are given below:
- (1) <u>U. S. Navy Military Personnel</u>. Prepare a report when an individual is disabled due to a mishap or occupational illness and cannot perform usual work. The underlying circumstances which prompt the prescribed report is that the member is in a pay status, medical care is being provided, but they cannot perform assigned duties. For active duty personnel a report is required whether a disabling injury occurs on or off duty. A disabling illness is only reportable when the illness is directly related to the work environment, such as harmful physical, chemical, or biological agents.
- (2) <u>U. S. Navy Civilian Personnel</u>. Prepare a report when a civilian employee is injured or incurs an occupational illness on-the-job. Injuries occurring off-duty are not reported.
- b. Fires are reported pursuant to OPNAVINST 11320.25 series and CCO 113201 series. Investigation and reporting are accomplished by the fire departments serving this Command. Supervisors shall assist by preserving evidence, making witnesses available, and by reporting all fires, including "false alarms" ones, to the fire department.

c. Property Damage. All cases of accidental material (property) damage involving repair or replacement will be investigated. Staff Members shall immediately inform the Safety Manager of all instances of property damage. Government motor vehicle damage in excess of \$1,000.00 and any property damage in excess of \$10,000.00 requires reporting to the Naval Safety Center in accordance with reference OPNAVINST 5100.23 series.

4004. <u>Occupational Safety and Health Act (OSHA) Reporting</u> Responsibilities

- a. The Safety Manager is responsible for preparation of all OSHA reports.
- b. OPNAV Form 5102/7 (Log of Navy Occupational Injuries and Illnesses) shall be maintained and compiled using data collected from OPNAV Forms 5100/1, 5100/3, DOL Forms CA-1 and CA-2.
- c. Annual Report of Navy Occupational Injuries and Illnesses shall be compiled from feeder reports from department heads. These reports shall be submitted at the close of each calendar quarter.
- d. An annual summary report shall be posted on all bulletin boards for thirty days commencing not later than 45 days after the close of the fiscal year.
- 4005. Retention of Records. Reports covering injuries and illnesses of a serious nature shall be retained by the Command Safety Manager for a period of five (5) years after injury or diagnosis of disease, in accordance with OSHA record keeping regulations.
- 4006. Requests for Mishap Reports. Any requests for copies of mishap reports NH29P Form 5100/06 shall be directed to the Command Safety Manager. Do not release copies of mishap reports without proper authorization.
- 4007. Department Heads' Reporting Responsibilities. Our small unit and low injury history do not provide sufficient experience, exposure or time for department heads become experts in mishap investigation and reporting. However, naval supervisors have inherent reporting responsibilities for the welfare of military and civilian personnel in their respective departments. Accordingly, department heads shall take the following actions upon learning of a personal injury, occupational disease, or property damage incident.
 - a. Make an immediate informal, preliminary investigation

while information and evidence is fresh and witnesses are available.

- b. Report findings by telephone to the Safety Manager.
- c. For minor mishaps and near-misses, complete the Mishap Report, as directed by the Safety Manager. The mishap report will be submitted to the Safety Manager within seven (7) working days of the date of the mishap. Serious mishap occurrences will be investigated and reported by the Safety Manager.
- 4008. <u>Mishap Trend Analysis</u>. Trend analyses based on mishap history will be accomplished by the Safety Manager. Standard methods will be utilized in addition to special methods prompted by mishap experience peculiar to medical care activities. Findings and statistics will be published by means of attachment to minutes of the Command Safety and Occupational Health Policy Council and Safety Committee.

INSPECTION AND ABATEMENT PROGRAM

- 5001. <u>Purpose</u>. To establish a program for Safety and Occupational Health inspections at locations within Naval Hospital, Twentynine Palms and to establish procedures for the orderly and time-phased correction of deficiencies identified during the inspections.
- 5002. <u>Background</u>. DODINST 6055.1 directs each Federal activity to establish and maintain an effective and comprehensive occupational safety and health program, including specific criteria for the identification and correction of unsafe or unhealthful workplace conditions and operations. Detailed guidance concerning the conduct of the Naval Occupational Safety and Health (NAVOSH) inspection and abatement program is contained in references (b), (f), and (g) along with additional information on programming and budgeting. Reference (g) provides specific directions in implementing section 1910 of reference (p) including requirements for workplace inspections and prompt abatement of unsafe or unhealthful working conditions. In implementing references (a), reference (g) delineates requirements for the Department of the Navy Occupational Safety and Health (NAVOSH) Program.
- 5003. Applicability. This chapter applies to all military and civilian personnel assigned to Naval Hospital, Twentynine Palms.
- 5004. <u>General</u>. All workplaces shall be inspected at least annually, to identify unsafe or unhealthful working conditions. Based on these inspections, and on inspections made as a result of reports received from employees, appropriate corrective actions shall be taken to eliminate or abate all conditions found to be unsafe.
- 5005. <u>Inspections</u>. At a minimum, the Safety Manager shall schedule and conduct, or cause to be conducted, annual or semiannual (for high risk/hazard areas) inspections of all workplaces, buildings and structures itemized on plant accounts or otherwise occupied. These inspections shall determine and identify unsafe or unhealthful working conditions and procedures. Based on these scheduled inspections, other command inspections, and inspections made as a result of hazard reports received from personnel, appropriate corrective actions shall be taken to eliminate or abate conditions found to be unsafe or unhealthy. Through notices, safety meetings, activities, or actions of

safety and occupational health committees or other appropriate measures, personnel shall be apprised of identified hazard abatement actions and alternative protective measures.

- a. Frequency of inspections. The department head shall ensure that daily inspections are made in areas under their cognizance. Competent safety and health personnel shall conduct an annual or semi-annual (for high risk/hazard areas) inspections of all workplaces in accordance with reference (g), and shall additionally conduct appropriate inspections upon receipt of an individual's report of a hazard as specified by reference (g).
- Inspection Procedures. Inspections shall be conducted in a manner to preclude unreasonable disruption of the operations of the workplace and should be consistent with the established operational concepts of the Navy and local commands. inspections may be conducted with or without prior notice. Inspections should be conducted when, in the judgment of the inspector, they will provide a more accurate assessment of actual operating conditions and practices. When required the Safety Manager or their representative shall accompany the inspector. Whenever an inspection is conducted, the department head shall be afforded the opportunity to accompany the inspector. However, the inspector shall consult with individuals on matters effecting their safety and health, and afford them the opportunity to identify unsafe or unhealthful working conditions. At the conclusion of the inspection, if possible, the inspector shall debrief the cognizant department head.
- c. Imminent Danger. "Imminent danger" situations discovered during an inspection by the Safety Manager shall be brought immediately to the attention of supervisory personnel and the commanding officer. Affected work shall be stopped and personnel not required for abating the hazard shall be removed from the affected area. Immediate abatement action shall be initiated or the operation shall be terminated.
- d. Inspection Report. Written reports of workplace inspections shall be prepared by the Safety Manager utilizing NAVOSH Deficiency Notice (OPNAV 5100/12). The inspections will be provided to the official in charge of the operation inspected within a reasonable time, but not later than fifteen (15) working days after the inspection is completed.
- e. NAVOSH Deficiency Notice. Section A of the NAVOSH Deficiency Notice (OPNAV 5100/12) will be filled out by the Safety Manager within 15 days of the completion of an inspection. The original notice will be sent to the appropriate department head. Normally, the department head will be tasked to take

action on correcting the deficiency, make appropriate entries, keep a copy for their records, and forward the original back to the Safety Manager.

- f. Instructions for completing NAVOSH Deficiency Notices are as follows:
- (1) Section A: All entries to be completed by Safety Manager.
- (2) Section B: All entries to be completed by the department head, with the assistance of the Head, Facilities Department as required.
- (a) Deficiency corrected: To be signed and dated by appropriate director.
- (b) Corrections made: Statement by the department head describing how deficiency was corrected.
- (c) Date: Day, month and year deficiency was corrected.
 - (d) Cost: Total cost to correct deficiency.
- (e) Labor: Number of man-hours and labor costs, as determined by the Head, Facilities Department to correct the deficiency.
- (g) Abatement Project Initiated: Filled out if deficiency cannot be corrected within 30 days. To be signed and dated by the department head.
- (h) Project Description: Statement describing actions required to correct the deficiency.
- (i) Action Taken: List work order, purchase request, MRL, OPNAV 4790/2K, etc., for funding codes contact the Head, Facilities Department or Head, Fiscal Department.
- (j) Cost Estimate: Estimate total cost including labor and material, as determined by the Head, Facilities Department.
- (k) Completion Date Estimate: Estimate day, month and year of completion.

(1) Interim Control: For Risk Assessment Code (RAC) 1, 2, and 3 the action taken to protect personnel until the deficiency is permanently corrected. NAVOSH Deficiency Notices will be posted by the workplace department head on receipt for RAC'S 1, 2 & 3 if deficiency is not corrected within 30 days. The notice must be posted near the deficiency in plain view of all personnel.

(m) Section C:

 $\underline{1}$ Comments: This section can be used to comment on the progress of the corrective actions.

 $\underline{2}$ Follow up Inspection: To be completed by Safety Manager within 30 working days after the department head reports any deficiency as complete.

5006. <u>Command Inspections</u>. Reference (g) establishes specific requirements and provides guidelines for evaluation of Safety and Occupational Health Programs by senior echelon commands.

5007. Abatement Program

- a. Deficiencies assigned risk assessment codes (RAC) 1, 2, and 3 that require more than 30 days for correction shall be recorded in a formal installation hazard abatement plan by the Safety Manager. This plan shall include the following standard data for each deficiency (or logical grouping of similar deficiencies):
 - (1) Date of hazard identification.
 - (2) Location of the hazard.
- (3) Description of the hazard including reference to applicable standards.
- (4) Estimated RAC (with hazard severity, probability of single occurrence, and annual personnel exposure cited separately) or calculated RAC.
 - (5) Interim control measures in effect.
- (6) Description of the abatement action, including estimated cost and completion date.
- (7) Abatement priority (see paragraph 12007 of reference (d).

- (8) Close out statement indicating the completed abatement action, including the actual cost, the date of completed action or approved variance. A statement will be made if the process was discontinued or if the worksite is vacated.
- b. The installation abatement plan shall be available for review locally by recognized employee organizations, where applicable.

5008. Responsibilities

a. Safety Manager shall:

- (1) Conduct inspections at all command facilities at least annually and in response to employee reports of unsafe/unhealthful working conditions for the purpose of detecting and eliminating workplace safety hazards.
- (2) Prepare NAVOSH Deficiency Notice 5100/12, for all hazards detected during inspections and forward to the director or department head, along with information on corrective action that should be taken.
- (3) Establish and maintain an abatement log of all safety deficiencies that cannot be corrected within 30 days. This log will include a plan for the corrective action, including a prioritized listing of outstanding projects.

b. Head, Facilities Management Department shall:

- (1) Assist Safety Manager in maintaining the abatement plan by periodically providing a prioritized listing of outstanding projects, estimated completion dates and any interim abatement actions on deficiencies for which work requests/projects have been submitted.
- (2) Respond immediately to notification of hazards classified as being of imminent danger.
- (3) Upon receiving a work request from the department head to correct a deficiency, provide the requestor and the Safety Manager with the proper job order number, estimated completion date, and estimated costs, to be entered into the abatement log.
- (4) For projects meeting NAVOSH Abatement Program funding criteria, prepare and submit necessary forms as required by reference (b).

c. Department Heads shall:

- (1) Based on inspector's recommendations, initiate appropriate corrective action to abate deficiencies that are easily corrected.
- (2) Forward to Head, Facilities Department a work request for correction of all deficiencies which cannot be accomplished by the department head. This request will include the deficiency number from the inspection report for each deficiency on the work request.
- (3) Initiate appropriate interim control measures to provide employee protection from unsafe/unhealthful working conditions for any deficiencies that cannot be immediately corrected.
- (4) Complete Section B of OPNAV 5100/12 and forward original to the Safety Manager stating the corrective action taken or contemplated on the deficiencies identified on the inspection report. The department head shall include the work request/project number, estimated completion date, and estimated cost if the deficiency requires a work request for abatement. Status reports shall be submitted on a quarterly basis until all cited deficiencies have been corrected or have been developed into a project.
- (5) Post a copy of the NAVOSH Deficiency Notice for Risk Assessment Codes (RAC) 1, 2 and 3 in the area of the deficiency until the hazard has been abated.
- 5009. <u>Hazard Abatement Plan</u>. The deficiencies identified during follow-up annual and periodic safety inspections shall be entered into the Hazard Abatement Plan as delineated in the following:
- a. Hazard Abatement Log. The Safety Manager shall maintain a log of all safety and occupational health deficiencies on facilities and equipment. Entries in the log shall be based upon records and results of inspections, surveys and reports by command personnel of unsafe or unhealthful working conditions.
- b. Deficiency Analysis. In order to determine appropriate priority and abatement action, an analysis shall be made for each safety deficiency that cannot be corrected within 30 days of identification.
- c. Abatement Projects. Based on the foregoing analysis, deficiencies with a RAC of 3 and greater, which cannot be corrected within 30 calendar days after identification, require either an abatement project or formal variance, as defined by reference (g). Where abatement projects are required, it is the

responsibility of the department head to assure that an abatement project or formal variance is appropriately prepared, recorded, submitted, monitored and incorporated into the activity "abatement plan". Unfunded projects or projects requiring upper echelon funding approval should be appropriately prepared by the Safety Manager and submitted to the Chief, Bureau of Medicine and Surgery (MED-09C) for programming action.

- (1) The Safety Manager shall track the progress of abatement projects and continually update the Hazard Abatement Log and Hazard Abatement plan based on results of follow-up inspections and programming actions on projects submitted to higher authority for funding.
- (2) All funds expended for the correction of safety deficiencies during each fiscal year are required by reference (d) to be reported to the Chief of Naval Operations (OP-04), via the chain of command, through the use of existing reporting systems. Expenditures for all but centrally managed NAVOSH funds are to be reported by each activity. The Head, Facilities Management Department and Comptroller shall assist the Safety Manager with the compiling of fiscal year expenditures on all safety deficiencies.
- d. Variances. The procedures for requesting a variance are outlined in Chapter 12 of reference (g).

5010. Risk Assessment Code Definitions

- a. Risk Assessment. An expression of possible loss described in terms of hazard severity and mishap probability and expressed as a Risk Assessment Code (RAC), e.g., IA, IIB, etc.
- (1) $\underline{\text{Hazard}}$. Any existing or potential condition that can result in a mishap.
- (2) <u>Mishap</u>. An unplanned event or series of events that result in death, injury, occupational illness, or damage to or loss of equipment or property.
- b. Hazard Severity. An assessment of the worst potential consequences, defined by degree of injury, occupational illness, or property damage which could ultimately occur. Hazard severity categories shall be assigned Roman numeral according to the following criteria:
- (1) Category I Catastrophic: May cause death or loss of a facility.

- (2) Category II Critical: May cause death or severe injury, severe occupational illness, or major property damage.
- (3) Category III Marginal: May cause minor injury, minor occupational illness, or minor property damage.
- (4) Category IV Negligible: Probably would not affect personnel safety or health, but is nevertheless in violation of a NAVOSH Standard.
- c. Mishap Probability. The probability that a hazard will result in a mishap, based on an assessment of such factors as location, exposure in terms of cycles or hours of operation, and affected population. Mishap probability shall be assigned an Arabic letter according to the following criteria:
- (1) Subcategory A Likely to occur immediately or within a short period of time.
 - (2) Subcategory B Probably will occur in time.
 - (3) Subcategory C May occur in time.
 - (4) Subcategory D Unlikely to occur.
- d. The table below may be used to rank order assessment codes.

		MIS	HAP PI	ROBABI	RAC	
		А	В	С	D	1 - critical
	I	1	1	2	3	2 - serious
<u>Hazard</u>	II	1	2	3	4	3 - moderate
<u>Severity</u>	III	2	3	4	5	4 - minor
	IV	3	4	5	5	5 - negligible

PERFORMANCE EVALUATIONS

- 6001. <u>Purpose.</u> To establish procedures for measurement of superior or deficient safety and occupational health program performance in military and civilian personnel.
- 6002. <u>Discussion.</u> Reference (e) contains policy statements to establish criteria for performance evaluations in regard to the maintenance of safe and healthful conditions in the workplace in conjunction with the occupational environment.
- 6003. <u>Command Programs</u>. Department of the Navy regulations establish the Commanding Officer's responsibility. Commanding Officers and Officers-in-Charge at all levels shall develop procedures to measure and recognize superior or deficient safety and occupational health performance. Performance evaluations shall reflect personal accountability, consistent with the duties of the position, and with appropriate recognition of superior performance, or conversely deficient performance as appropriate.

6004. <u>Supervisory Personnel.</u>

- a. Officers. Evaluate performance in goal setting and achievement; subordinate management and development; work relations; equipment and material management; recognition of hazardous conditions and resolution of same in a systematic manner and leadership in support of safety and occupational health programs.
- b. Enlisted. Evaluate performance in the ability to successfully manage personnel, material, financial and time resources; organizing and effectively using available resources, reporting imminent and potentially hazardous situations to immediate superiors, creating a team spirit and safety awareness attitude among subordinates.
- c. Civilians. All Civilians shall have a critical element added to their Performance Appraisal Form, and be rated as a "Fully Successful" performance element.
- 6005. <u>Measures of Supervisory Implementation of the Navy Safety and Occupational Health Program</u>
- a. Prepares a job analysis (Site Specific), identifying all steps, risks and measures to eliminate or minimize possible injury to personnel. Task efficiency is increased by elimination of duplicate steps. The Job analysis is a tool used to communi

cate to subordinate personnel awareness of job safety and prevention of mishaps.

- b. Insures the use of protective equipment for subordinate personnel.
- c. Insures prompt action when subordinates issue a report of an unsafe/unhealthful condition.
- d. Insures that communication lines are established with the Safety Manager to utilize their expertise with problem resolution.
- e. Insures maximum personnel attendance at safety classes/seminars.
- f. Coordinates SOP's with Safety Manager for safety input and approval.
- g. Problem focus approach used to evaluate mishap investigation.
- (1) Employees are versed in reporting ALL incidents to the department head and to report to Occupational Health for all injuries after notifying the department head, or in their absence, another employee.
- (2) A Report of Traumatic Injury, CA-1, is completed within 48 hours of civilian injury and submitted to a claims specialist at Human Resources Office. The department head actively coordinates with the Occupational Health physician to assign "Light Duty" functions to personnel in lieu of discharge to home and Lost Time Injuries.

MISHAP PREVENTION AND HAZARD CONTROL

7001. Overview

- a. <u>Policy</u>. Prevention of mishaps and occupational illnesses is a vital part of all activities and must be given continuous attention by all levels of management. In order to maximize the effectiveness of loss prevention efforts, there shall be adherence to prescribed standards and recognized safe practices.
- b. Attitude. Sometimes people express the opinion that "If it were an accident, it could not be prevented" or "it was unavoidable" or "it is part of the job" or "stuff happens." These things are just not true. All accidents are preventable! The question is not if an accident can be prevented, it is are smart enough or rich enough to prevent it.
- (1) Cost. Safety Costs Money! If design and construction planning is well done then a facility or equipment can be built to reduce risk to a negligible level. If the funding exists to pay for that design. The problem is that no one (including taxpayers) wants to pay for the safe design, construction or staffing of a completely safe facility or equipment.
- (2) Planning. Safety Takes Effort! We can plan for every possibility, if we want to. But, people are frequently lazy and would rather express regret than effect change.
- (3) Approach. Safety Takes Time! We are always in a hurry. The truth is, that being in a hurry is the cause of most industrial accidents. The time wasted in the ER or Hospital far exceeds the time saved.

7002. Responsibilities

a. Department Heads

(1) Are responsible to the Commanding Officer for maintaining safe operations and practices and for the prevention of mishaps within their respective areas. They shall establish necessary internal procedures, with the assistance of the Safety Manager, for the administration of a constructive safety program. In order to carry out this responsibility, all levels of management and supervision throughout the chain of command shall:

- (a) Take necessary steps to ensure prompt reporting of injuries, occupational illnesses and property damage (See Chapter 4).
- (b) Coordinate with the Head, Facilities Department to ensure that plans and specifications for new construction and alterations to buildings and facilities have been prepared with thorough and critical consideration given to safety and fire protection features.
- (c) Ensure that mishap prevention measures are taken to further the effectiveness of the safety program.
- (d) Ensure the military and civilian personnel understand and comply with prescribed safety instructions, rules, and regulations.
- (e) Ensure that proper personal protective equipment is used by their personnel, in compliance with accepted standards.
- (f) Conduct self-inspections for identification of safety deficiencies as required by reference (g). An appropriate checklist should be used for the safety and fire hazard portion of the inspections. (See Chapter 19).
- (g) Ensure that operating instructions, giving essential safety precautions, are available for all equipment used for medical procedures, anesthetic gases, radiology, sterilization, and laboratory.
- (2) Are responsible for the safety of the personnel under their cognizance within their units. Department heads shall thoroughly familiarize themselves with the applicable regulations for safe operation of the equipment under their control. Department heads are responsible for the safety education of their personnel through regular group meetings and individual instruction, for enforcement of safety regulations, and for the reporting of mishaps. They shall check their personnel and operating conditions constantly for potential mishap-producing situations and take corrective action to reduce mishap potential to the maximum without delay.
- b. All personnel are responsible for accomplishing work in a manner to assure their own safety and the safety of others. They shall observe safety precautions and regulations applicable to their duties and shall report any unsafe condition or equipment to their immediate supervisor or department head. They shall exercise due caution in all situations and shall secure

instruction on proper procedures from their supervisor, department head, or the Safety Manager when needed for the safe performance of their duties. They shall report immediately to their department head any mishaps resulting in property damage or any personal injury, no matter how slight, and report for medical treatment as soon as possible after the occurrence of any injury.

c. Safety Manager shall:

- (1) Survey operations to identify unsafe practices.
- (2) Inspect areas, spaces, materials, and equipment to identify hazardous conditions, processes, and procedures in accordance with reference (q).
- (3) Review proposed construction, modifications, major repairs, and maintenance projects; equipment and material procurement; and operational processes, plans and specifications to eliminate risks and minimize hazards in order to optimize the use of less hazardous materials and equipment.
- (4) Review vehicle procurement, maintenance, and operations and recommend measures to assure safety in all aspects of transportation.
- (5) Monitor mandatory safety inspections (pressure vessels, elevators, conductive surfaces, and fire protection equipment) to assure their proper and timely completion.

HAZARD REPORTING

8001. Hazard Reporting

- a. Naval personnel, military or civilian, who observe an unsafe or unhealthful practice or condition are encouraged to advise the department head of the condition. Oral reports to a department head are encouraged; reports may also be made in writing.
- b. If a person making a report desires not to report the condition to the department head, a written report (Unsafe/Unhealthful Working Condition Report) may be made to the Safety Manager. Individuals reporting discrepancies to the Safety Manager desiring anonymity will be assured that the matter will be referred by the Safety Manager to the department head to initiate corrective action, maintaining the individual's right to non-disclosure. In these cases, the names of the persons making the reports will be kept confidential.
- c. All levels within the chain of command shall use safeguards to ensure that personnel are not subject to restraint, interference, coercion, discrimination or reprisal by virtue of participation in the command's safety and health program. The underlying objective in the hazard reporting system is to identify and correct deficiencies by means of a facilitated reporting chain in which it is forbidden to criticize or otherwise take adverse action against originators.
- d. Strict adherence to the specified reporting procedures and chain of command requirements will be emphasized. Reports or appeals which by-pass the established procedures will be returned to the originator, thereby delaying prompt action on the report.

8002. Responsibilities for Responses to Hazard Reports

- a. Department heads shall:
- (1) Promptly respond to reports of hazardous conditions in their operations.
- (2) Promptly convey to the appropriate department head any report of a hazardous condition pertaining to an area or operation that is the responsibility of another department head.
- (3) Personally evaluate locations where hazardous conditions are alleged to exist.

- (4) Initiate action to correct safety and occupational health deficiencies found in their operations.
- (5) Use interim measures to reduce the probability and severity of injury or illness pending the correction of safety and occupational health deficiencies.
- (6) Request assistance from the Safety Manager, if required.
- (7) Encourage persons whom they supervise to promptly report unsafe and unhealthful conditions. All personnel are to be informed of their right and obligation to report hazardous situations and to be assured that they are not in any way subject to restraint, interference, coercion, discrimination or reprisal by virtue of their participation in the activity's occupational safety and health program.
- (8) Continuously display procedures and instructions pertaining to hazardous condition reports and appeals, and assure that hazard report forms are available.

b. The Safety Manager shall:

- (1) Assure that the identities of persons who report alleged hazardous conditions are not disclosed if they request to remain anonymous.
- (2) Promptly refer all written reports of hazardous conditions to the department head responsible for the working place in which a hazardous condition is alleged to be.
- (3) Investigate immediately reports of imminent danger situations. Potentially serious situations will be investigated within 3 days.
- (4) Within 10 working days, notify the person who reports a condition alleged to be unsafe or unhealthful that:
 - (a) The condition is (or is not) hazardous.
- (b) Action has been, or, is being taken to correct the safety or health deficiency that is a consequence of the hazardous condition. Interim responses will include the expected date for correction.
 - (5) Inspect or investigate as required to:
- (a) Assure that the procedures prescribed herein are followed.

- (b) Verify that conditions as alleged are/are not hazardous.
- (c) Ensure that adequate corrective measures are taken.
- (d) Ensure that interim measures are being taken when hazardous conditions cannot be immediately corrected.
- (6) Enter all verified hazardous conditions, which are identified through these procedures, on the activity record of safety and occupational health deficiencies which is maintained pursuant to reference (g).
- (7) Keep a log by time and date of each alleged unsafe or unhealthful condition reported pursuant to these procedures.

8003. Appeals

- a. Persons who are not satisfied with actions taken in response to their reports should, in conference, relate particulars of the matter to the Safety Manager, and discuss their continued concern regarding the reported condition.
- b. Persons who still are not satisfied that the condition reported has been correctly evaluated or appropriately acted upon may appeal the matter to the Commanding Officer. The appeal shall be in writing and contain at least the following information:
- (1) A description of the alleged hazard including its location and standards violated, if known (a copy of the original hazard report shall suffice).
- (2) How, when, and to whom the original report of the alleged hazard was submitted.
- (3) What actions (if known) were taken as a result of the original report.
- c. The Commanding Officer or his/her representative, shall respond to the originator of the appeal within 10 working days. An interim response will suffice if the Commanding Officer's investigation is incomplete at that time. The final response shall contain the office and address of the next higher level of appeal.
- d. If the resultant action regarding the condition reported is not accepted by the appealer, subsequent successive appeals

may be made to officials at higher echelons in the chain of command in accordance with reference (g), Chapter 10.

SIGHT CONSERVATION PROGRAM

- 9001. <u>Background</u>. Eye injuries cost American Industry, including federal workers, over \$300 million each year in compensation and lost work time. The loss of any sight can be devastating and is easily preventable. The Navy has a sight conservation program to identify eye hazardous situations, post those hazards, and provide personal protection. Protective eye wear shall be required and provided for all persons engaged in eye-hazardous occupations and processes, in accordance with OPNAVINST 5100.23 series.
- 9002. <u>Discussion</u>. There are many processes and work situations in this hospital onboard ships and ashore which are a potential hazard to the eyes of Naval personnel. The most frequent minor mishap in ships is corneal abrasions from particulate falling or blowing in the eyes. Many jobs, such as dusting the overheads, can be eye hazardous and may require eye protection. We all must remind people their sight is worth more than a few minutes of their time to put on a pair of goggles.

9003. Policy

- a. All shower and eyewash stations shall meet the specifications in ANSI Standard Z358.1-1990, upon installation and at each inspection.
- b. All protective eye wear shall comply with ANSI Standard Z87.1-1979 and its selection chart shall be used to select industrial safety spectacles and other eye protection items.
- c. The wrong type of eye protection for the job can be dangerous.
- d. When handling strong acids and alkalies, "double" eye and face protection is necessary. This means you wear a face shield over a pair of chemical goggles.
- e. Face shields alone do not provide eye protection. They must be worn with safety glasses or goggles.
- f. When working around ultraviolet light (welding or burning), protection is selected for the level of light intensity. different shades of lenses are specified for jobs. Do not substitute sun glasses for proper eye protection.

- g. The Navy will provide prescription safety glasses, if needed for the job. They may be ordered through your Safety Office or Optometry Department Representative.
- h. Regular prescription glasses cannot be worn as safety glasses. Shatter-resistant glasses could still cause damage to the eyes from impact accidents.
- i. Safety devices must be kept clean. Since they are inexpensive, most goggles and safety glasses should be replaced if badly scratched or damaged.
- j. Flexible fitting goggles have rigged plastic frame to protect the whole eye from object impact.
- k. Safety Glasses must have side shields which must be worn. They must be 3.0 mm Industrial Thickness. The frames must be marked "Z87".
- 9004. <u>Competencies</u>. All Naval Hospital personnel should be able to:
- a. Identify five (5) types of eye hazards found in the hospital.
- b. Identify four (4) types of eye protection required for certain hazards.
- c. Demonstrate the operation of an emergency eye wash and deluge shower.
 - d. Describe the first aid for eye injuries.

9005. Action

- a. Safety Manager shall:
- (1) Inspect, or cause to be inspected, all eye hazardous areas quarterly.
- (2) Review Requests For Prescription Safety Glasses form NAVHOSP29PALMS Form 5100/7 (Rev. 3/94).
- (a) Navy furnished spectacles. Those who do not have spectacles prescribed and fitted by a professional will be given a DD Form 771 and referred to the Optometry Clinic.
- (b) Commercially furnished industrial safety spectacles. If any eye care physician is required to complete a

prescription, the Head, Material Management Department must be notified for commitment authorization.

- (3) Ensure Medical Repair, Laboratory and other personnel are provided with commercially furnished industrial safety spectacles, procured from a local source.
- b. Industrial Hygienist should review/inspect all eye hazardous areas at least annually.
- c. Safety Manager and Industrial Hygienist jointly, shall be responsible in determining eye-hazardous areas, occupations and procedures requiring personal protective equipment or other safeguards to protect the eyes and conserve sight.

d. Department Heads shall:

- (1) Budget, fund, provide, procure, enforce, and Require protected prescription eye wear for personnel.
- (a) Prior approval must be granted by the Safety Manager by submitting a Request For Prescription Safety Glasses, NAVHOSP29PALMS Form 5100/07, Appendix C.
- (b) Proposed product must meet specifications and requirements for safety glasses in their work location.
- (2) Ensure that staff members within their department know where eyewash fountains and emergency (deluge) showers are located and how they operate.
- (3) Assume that personal protective-corrective eye wear is an expendable item which has served its useful life. Protective-corrective eye wear prescribed for a specific individual is not medically appropriate for re-issue. Personnel who are retiring, resigning or otherwise separating from Navy employment may retain the eye wear.

e. Facilities Maintenance shall:

- (1) Install eye hazard signs (NSN 9905-01-100-8203) or equivalent as required by the Safety Manager or Naval Regulation.
 - (2) Eliminate eye hazards by engineering controls
 - (a) Eliminate eye hazards, where possible.
- (b) Reduce eye hazards with guards, by isolating the process, or by substituting a less harmful chemical.

- (3) Post eye hazardous areas.
- (a) Label all areas and pieces of equipment which are potentially eye hazardous.
- (b) Use yellow and black caution signs area to warn of eye hazards or to specify the protection
 - f. Departmental Safety Representatives shall:
 - (1) Inspect eyewash stations weekly.
- (2) Test eyewash stations flow, aim, water clarity, Monthly.
 - (3) Report all malfunctions to Facilities Maintenance.
 - (4) Train all departmental personnel on eyewash use.

9006. Naval Hospital Eye Hazard Listing

- a. Naval Hospital Personnel working in or frequenting the following or previously identified eye hazardous areas shall:
- (1) Comply with safeguards listed within this instruction. The list below may be used as a guide in identifying hazardous areas and procedures. The list is <u>not</u> all-inclusive:
- (a) Cast Removal/Orthopedics Eye Goggles shall be worn when working with cast plaster removal processes; patients included.
- (b) Facilities Management Face shields and eye goggles when working or transferring eye hazardous chemicals, when performing grinding, drilling, cutting operations and during minor maintenance as required.
- (c) Food Service Face shields and splash goggles shall be worn when working with eye hazardous chemicals and high steam cleaning systems.
- (d) Industrial Hygiene Safety impact glasses shall be worn when inspecting industrial settings during eye hazardous operations.
- (e) In-Patient Nursing Splash goggles shall be worn when working high and with any cleaning chemicals.

- (f) Laboratory Face shields and eye goggles shall be worn when working with eye hazardous chemicals.
- (g) Linen Division Impact eye glasses shall be worn when working with compressed air stamp press machine.
- (h) Personnel Transferring Liquid Nitrogen (LN) Face shields and eye goggles shall be worn when transferring liquid nitrogen from bulk container to flask. Providers (and patients if necessary) shall wear eye protection when spraying LN on patients.
- (i) Management Information Impact eye glasses shall be worn when cutting/snipping electronic wires/cables.
- (j) Central Sterile Supply Face shield and eye goggles shall be worn when working with high steam pressure cleaning systems.
- (k) Material Management Impact eye glasses shall be worn when removing strapping from crates/boxes.
- (1) Medical Repair Eye goggles shall be worn when performing abrasive bench grinding operations, sniping/cutting wires and cables, and working with eye hazardous chemicals.
- (m) Contract and In-house Grounds Keepers Face shields and goggles shall be worn when working with grounds equipment, such as lawn mowers, weed whackers, and during chemical transfer operations.
- (n) Contract and In-house Housekeeping Splash goggles shall be worn when transferring chemicals from bulk containers to user containers and in the battery charging area.
- (o) Operating Room when working with laser systems and eye hazardous chemicals.
- (p) Optometry when performing portable grinder polishing operations.
- (q) Pharmacy when making medical solutions containing 85% lactic acid.
- (r) Preventive Medicine when working with eye hazardous chemicals and laboratory work.
- (s) Radiology when working with radiographic film developer/replenisher solutions.

- (2) Be provided with eye protection.
- (a) Vision will be screened and spectacles prescribed by a professional (Ophthalmologist or Optometrist).
- (b) Individuals who do not require corrective lenses will be provided with non-prescriptive clear lenses.
- (c) Individuals choosing to use eyeglasses obtained at their own expense must ensure/prove in writing eye wear meets ANSI Z87.1 specifications.
- (d) Military personnel are provided with Navy standard frames and lenses. These assemblies meet strength requirements for laboratory exposures.
- (e) Civilian personnel are provided with industrial safety spectacles procured from a local source in as much as civilian employees are not eligible for issue of Navy-furnished spectacles.
- (3) Not use contact lenses as a replacement for safety glasses and protective equipment. While not recommended for wear in those areas, occupations, and/or processes specified in paragraph 9006, contact lenses may be worn with the understanding that additional protective eye wear shall be required during exposure to eye hazards.
- (4) OPNAVINST 5100.23D, section 1902, para d; requires that 'Visually impaired employees (20/200 corrected or worse in at least one eye) shall be required to wear eye protection to protect their remaining sight even if they do not work in eye hazardous areas.' Any civilian employee considered 'industrially blind or visually impaired' in one eye shall wear industrial safety spectacles at all times regardless of operation or occupation.

9007. Eye Injury First Aid

- a. Never rub the eyes to remove particles or if eyes are irritated.
- b. For chemical burns, flush with fresh, cool water for a full 15 minutes, then report to medical.
- c. For punctures and eye trauma, cover eye gently with a soft cloth and get immediate medical treatment.
 - d. Report all minor cuts and eye problems to Occupational

Health or Emergency medical. A minor scratch could lead to an eye infection possibly causing scar tissue and loss of sight.

9008. Emergency Eye Wash Stations

- a. First aid for most eye injuries is flushing with fresh water for 15 minutes.
- b. Flushing is used to remove particles and dilute strong chemicals.
- c. Emergency eye wash stations are designed to provide eye first aid.
 - (1) Must be designed to meet strict ANSI standards.
- (2) Must provide continuous water flow, plumbed units, or a minimum flow rate of 0.4 gallons per minute for 15 minutes for portable units.
 - (3) Must be activated by one hand or foot motion.
- (4) Water must remain flowing (valve stays open), and hands must be free to hold eyes open.
- (5) May be combined with a deluge shower for full body chemical first aid.
- d. Emergency eye washes are required wherever corrosives are used, such as a battery locker using acids, and where particulate hazards exist, such as a machine shop.

FOOT PROTECTION PROGRAM

10001. Requirement for Footwear

- a. All persons (including patients and their families) are required to wear shoes while on the property of the Naval Hospital, Twentynine Palms. Bare feet cause unnecessary exposure to the hazards peculiar to health care environments such as infectious matter, sharp items, temperature extremes and caustic or toxic substances.
- b. Military and civilian employees assigned areas designated as occupational foot hazardous operations/areas by the Safety Manager shall wear shoes that are well-fitted, completely cover the foot, and have good soles and heels. No open-toe shoes, shoes with cutaway heels, or lightweight shoes of the canvas "sneaker" type are permitted. All-leather-upper athletic shoes are permitted.
- c. Safety shoes or safety toe caps are mandatory in foot hazardous operations/occupations, (see paragraph 10002 below).
- 10002. Occupational Foot Protection. Military and civilian personnel are required to wear prescribed foot protective devices when engaged in materials handling, transportation, warehousing, packaging, equipment repair and other operations of similar nature. Each department head is responsible for ensuring that toe protection equipment or safety shoes are worn by personnel when assigned to a toe-hazardous occupation such as those identified above. Reference (a) applies.
- a. Safety Shoes. Safety toe shoes, with built-in protective toe box, are recommended for wear in foot-hazardous operations. Safety shoes must meet the ANSI Standard for Safety-Toe Footwear. This standard classifies the footwear according to the foot pounds of impact it will withstand, i.e., 75, 50, and 30. At least one shoe of each pair will be legibly marked ANSI-Z41.-1983/75 in as much as only safety shoes meeting the requirements for Classification 75 are considered satisfactory.
- b. Electrical Hazard Safety Shoes. Electrical hazard safety shoes with a built-in protective toe box, are used to guard against electrical shock hazards when performing electrical work on live circuits not exceeding 600 volts. It should be noted, however, that these shoes only provide partial protection and additional protective measures, normally employed in these

environments, should not be ignored, i.e., all personnel working on energized circuits shall be insulated from the ground (MIL-S-43860 Shoes, Electrical Hazards Protective, S8430-00-611-8314 Series).

- c. Toe Guards. Toe guards are available to be worn over ordinary shoes to personnel engaged in foot-hazardous operations who do not wish to wear safety shoes. It is the responsibility of the department head to ensure their availability and use.
- d. Exception. Personnel who have foot deformities, will, when approved (in writing) by a Naval medical officer, be exempted from wearing safety shoes, but may be required to wear toe guards.
- 10003. Appropriation and Distribution. The following procedures apply to the issue of protective footwear for both military and civilian employees.
- (1) Military. Military officers will be provided standard stock safety shoes when required. Enlisted personnel are issued safety shoes during recruit training and receive a monthly clothing maintenance allowance (CMA) which includes provisions for purchasing replacement articles of clothing previously issued, therefore issuance of protective footwear to enlisted personnel is not authorized.

(2) Civilians

- (a) The primary method of providing safety shoes to civilians is issue from standard stock. However, should the civilian employee have difficulty obtaining the proper shoe size or just not in stock, the employee may elect to purchase his own in lieu of receiving the standard stock shoe. He/She may be reimbursed for personal funds expended up to a maximum of \$60.00. Full reimbursement of specialized safety shoes is authorized; however, the requirement must be fully documented by a written statement from a physician justifying the requirement. Safety shoes purchased by employees must meet ANSI standards described in paragraph 10002, a., above.
- (b) To be reimbursed, the civilian employee and his/her supervisor must follow the procedures outlined below:
- $\,$ (1) Supervisor shall request and submit form NH29P 5100/2 (Request For Safety Shoes) and have it signed by the Department Head and Safety Manager.
 - (2) Once the request has been approved, the

employee can then commercially procure his/her safety shoes from any source he/she desires so long as the shoe meets ANSI standards.

- (3) Employee then completes and submits Standard form 1164 (Claim For Reimbursement For Expenditures On Official Business) to the supervisor requesting reimbursement. An original paid receipt must be attached.
- (4) Supervisor attaches copy of completed form NH29P 5100/2 (Request For Safety Shoes) to Reimbursement STANDARD form 1164 to the Department for certification that Safety Shoes are required in performance of duty and the claim is legitimate.
- (5) Once certified by Department Head, STANDARD form 1164 with all attached documentation is forwarded to the Fiscal Department for adjudication and approval for payment.
- (6) If approved by Fiscal Department, STANDARD form 1164 is then processed for payment.

10004. Record Keeping and Control

- a. Supervisors shall retain the original of form NH29P 5100/5 (Request For Safety Shoes) in the individual employee's personnel record/file.
- b. Reissue or replacement of safety shoes is authorized if a determination is made by the supervisor/department head that the old ones are unserviceable due to normal wear and tear. The supervisor should indicate on form NH29P 5100/5 that the shoes are replacements, and that a determination has been made that replacement is necessary due to normal wear and tear.
- c. Replacement of lost, stolen, or intentionally damaged safety shoes shall be the responsibility of the individual without reimbursement.

10005. Responsibilities

- a. Chairman/Heads of Departments shall:
- (1) Identify all personnel within their department whose routine occupation has potential for foot and/or toe injury as a result of exposure to heavy falling objects.
- (2) Issue or authorize reimbursement for safety shoes to all identified personnel.

- (3) Be responsible for ensuring that staff civilian and military personnel, so identified, wear/use the protective footwear provided.
 - b. The Command Safety Manager shall:
- (1) Evaluate all requests for personal protective footwear and determine the appropriateness of need to insure that only authorized personnel participate in this program.
- (2) Evaluate circumstances surrounding all injuries resulting from exposure to heavy falling objects and make appropriate recommendations to Department Heads.
- c. Staff civilian and military personnel issued or reimbursed for safety shoes shall be responsible for their due care and maintenance. Use of these safety shoes restricted to performance of official duties.

ELECTRICAL SAFETY

11001. Information

- a. Installation, modification, or repair of wiring or electrical equipment shall be made only by qualified technicians. Facilities Department electricians or Medical Repair personnel under an approved work order are an example of qualified technicians.
- b. Personnel working near exposed electrical circuits, regardless of location, will not wear rings, watches, or other conductive objects that could increase shock risk or be the source of potentially severe burns when energized.
- c. All circuit breakers will be legibly marked (normally a breaker directory is provided for this purpose) to indicate its purpose. These markings shall be of sufficient durability to withstand the environment involved.
- d. Automatic circuit breakers shall not be taped, fastened, or altered to prevent automatic or manual disconnection of electrical power as designed.
- e. Clear access to circuit breaker boxes will be maintained at all times to facilitate emergency access.
- f. Electrical wall outlets in waiting rooms and other areas where children are allowed or cared for will be the "child-safe variety" or covered when not in use.
- g. All personnel will refrain from using damaged or defective equipment. Such equipment will be tagged out of operation and a work request submitted for repair of the equipment.
- h. All electrical equipment purchased for the command will be listed. (Example: Listed by Underwriters Laboratories).
- i. Purchase of new equipment will be reviewed by the Safety Manager prior to requisition.
- j. Flexible cords, extension cords and their use is defined in the National Electrical Code (NFPA 70) and references (n) and (p). Extension cords may not be used as a substitute for fixed wiring. Extension cords are designed to be a temporary measure

and continued use indicates the need for additional permanent wiring and fixtures. "Shopmade/Homemade" extension cords are not authorized in Department of the Navy facilities.

k. EXCEPTION: Power strip line surge/spike suppressors may be utilized in conjunction with personal computers and their associated peripheral equipment. These power strips must incorporate a safety fusing device and have a testing laboratory listing to be of the approved type. At the end of the day the power strip will be secured either by a single ON/OFF switch on the unit or by disconnecting the cord from the wall receptacle.

11002. Facilities/Medical Repair Personnel

- a. All electrical work shall be in accordance with the National Electrical Code (NFPA 70).
- b. Insure all medical electrical equipment utilized by the command has been tested and classified pursuant to reference (1). Non-medical equipment shall be referred to the Safety Manager for testing and classification.
- c. Maintain documentation of equipment tests and classification pursuant to reference (n).
- d. Electrical power shall be disconnected and locked out or tagged out pursuant to 29 CFR 1910.147, before electrical equipment or wiring is serviced. A standard operating procedure (SOP) shall be developed for energy source lockout/tagout procedures and personnel trained on these procedures in accordance with reference 29 CFR 1910.147.
- e. Unless required by instruction or in a life threatening emergency, work shall not be done on live circuits or equipment without prior approval of the Commanding Officer or the Safety Manager.
- f. No energized source shall be left unattended. All panel fronts and access openings shall be replaced any time the work area is left unattended.
- g. High Voltage Situations. Operators and technicians should not attempt to adjust any electronic equipment when there is a possibility of injury from unprotected high voltage potentials.
- h. Rubber Insulating Floor Matting. Insulating matting shall be used near electrical apparatus or circuits in high

voltage maintenance areas such as an additional safety measure to protect personnel. Insulating matting is for protection against accidental shock only and shall not be depended upon for protection when handling hot wires and circuits. Military Specification MIL-M-15562E provides information and instructions for the control, use, and marking of insulating matting. Approved matting is permanently marked in accordance with MIL-M-15562E. The Safety Manager should be contacted for questions regarding the use or placement of rubber insulating floor matting.

11003. Patient-Owned Electrical Equipment

- a. Use of patient-owned electrical devices. Action should be taken to ensure sufficient, approved entertainment and personal hygienic devices are provided so as to negate the need for patient-owned devices. An exception may be granted, by Nursing Department, on a case by case basis, for therapeutic purposes only, after security and safety approvals have been made. The Division Officer on each ward shall insure that all authorized patient-owned electrical items have been approved, inspected, documented and tagged. Those items found that have not met approval and inspection shall be immediately disconnected and removed. Procedures must include:
- (1) The inspection and approval of the device are documented on the patient chart or other security form.
- (2) The condition of the device and the patient are continually evaluated for signs of deterioration or improper use.
- (3) That Medical Repair Division be notified when an uncertainty regarding the safety, suitability or accessibility of a device is encountered.
- b. No patient-owned electrical devices will be permitted for patients on electronic monitoring devices.
- c. The Admissions Officer and/or Ward Personnel shall advise all patients being admitted of the policy, that all personal electrical items, except hair dryers, shavers and battery operated radios are prohibited from being brought into the hospital. Specifically prohibited are; hot plates, coffee pots, and heating devices (i.e., heaters, electric blankets, heating pads, etc.) and televisions. Extension cords and multiple plug devices are also prohibited.

11004. Staff-Owned Electrical Equipment

- a. Staff-owned non-medical electrical devices are limited to use in non-patient care areas only. Staff members who introduce privately-owned equipment are responsible for its safe condition and operation.
- b. Initial inspection of staff-owned non-medical electrical devices shall be performed by Departmental Safety Representative for Command liability purposes, and Safety Manager if uncertanties occur. Responsibility lies with the Department for identifying and insuring that all items have been inspected and tagged.
 - c. Heat producing devices are specifically prohibited!
- 11005. <u>Staff-owned Medical Devices</u>. Staff-owned medical devices must be inspected by Medical Equipment Repair personnel for electrical safety on a semi-annual basis, conforming to criterion in Accreditation Manual for Hospitals, (AMH) Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

11006. <u>Coffee Mess/Microwave Oven Authorization</u>

- a. The use of coffee pots, microwave ovens and other heat producing appliances is discouraged. Since they induce safety and fire hazards, they should be used with discretion. Hot plates, toasters, coffee warmers, crock pots are prohibited. An exception may be granted, special event one time use only, for crock pot authorization by preparing NAVHOSP29PALMS Form 5100/10.
- b. Personnel who wish to operate a coffee mess and/or microwave oven shall prepare NAVHOSP29PALMS Form 5100/10 and request approval for the proposed location of the coffee maker unit from the Safety Manager. If approved, the request will be returned to the person responsible for supervising the operation of the mess. The authorization document, NAVHOSP29PALMS Form 5100/10 shall be displayed in the immediate area of the mess and re-inspected annually the designated inspector. If disapproved, the reason for disapproval will be furnished. A disapproved request may be resubmitted after all deficiencies have been corrected. Coffee mess approvals are valid for one year or until such time as the coffee maker is replaced or relocated.

c. Responsibilities

(1) Directors/Heads of Departments shall insure privately-owned electrical devices in use in their respective areas have been approved and inspected accordingly.

- (2) The Safety Manager shall provide technical assistance concerning acceptability of privately-owned electrical devices as well as conducting periodic surveys to insure compliance.
- (3) Coffee pot/microwave oven users shall comply with all electrical, safety and sanitation requirements.

CHAPTER 12

HANDLING, STORAGE AND USE OF COMPRESSED GAS CYLINDERS

12001. Procedures

- a. Cap all cylinders not in immediate use.
- b. Cylinders shall be secured from falling and must be supported upright with supporting straps or chains.
- c. Cylinders shall be transported in GSA approved carts. A cylinder cart may also serve as a support for a cylinder.
- d. Contents of the cylinder shall be identified by a written name on a label near the neck. Cylinder color coding shall not be solely used to identify contents.
- e. Markings which are used for identification of contents of cylinder shall not be defaced or removed, including decals, tags, stenciled marks and upper half of shipping tag.
- f. Even if they are considered to be empty, cylinders shall never be used as rollers, supports, or for any purpose other than that for which they are intended.
- g. Transfer of gas from one cylinder to another on the hospital property or by hospital personnel is prohibited.
- h. Cylinders shall be kept away from steam pipes and any sources of heat.

12002. <u>Special Precautions Oxygen and Nitrous Oxide Cylinders and Manifolds</u>

- a. Combustible materials, such as paper, cardboard, wood, and fabrics shall not be stored or kept near cylinders containing oxygen or nitrous oxide.
- b. Never smoke or use flames near oxygen, nitrous oxide or anesthesia equipment.
- c. Check cylinders for proper chemical symbols: O_2 for oxygen; N_2O for nitrous oxide.
- d. Oil, grease, or readily flammable materials shall never be permitted to come in contact with oxygen cylinders, valves, regulators, gauges, or fittings.

- e. Regulators, fittings, or gauges shall never be lubricated with oil or any other flammable substance.
- f. Oxygen cylinders or apparatus shall never be handled with oily or greasy hands, gloves or rags.
- g. Particles of dust and dirt shall be cleared from cylinder valve openings by slightly opening and closing the valve before applying any fitting to the cylinder.
- h. The high pressure valve on the oxygen cylinder shall be opened before bringing the apparatus to the patient.
- i. The cylinder valve shall be opened slowly, with the face of the gauge on the regulator pointed away from any person.
- j. Cylinders shall never be draped with any materials such as gowns, masks or caps. Fabrics saturated with oxygen or nitrous oxide ignite easily.
- k. Oxygen fittings, valves, regulators or gauges shall never be used for any service other than that of oxygen.
- 1. No type of gases may be mixed in an oxygen cylinder or any other cylinder.
- m. Oxygen and nitrous oxide shall always be dispensed from a cylinder through a pressure regulator.
- n. Regulators which are in need of repair, or cylinders having valves which do not operate properly, should never be used. Equipment which is defective shall not be used until it has been repaired by competent personnel. If competent in-house repairs cannot be made, such equipment shall be repaired by the manufacturer or their authorized agent; or it shall be replaced.
- o. Cylinders shall be protected from abnormal mechanical shock which is liable to damage the cylinder, valve, or safety device. Such cylinders shall not be stored near elevators, gangways or in locations where heavy moving objects may strike them or fall on them.
- p. Cylinders shall be protected from the tampering of unauthorized individuals.
- q. Cylinders shall be stored so they are used in the order in which they are received from the supplier.
 - r. Empty and full cylinders shall be stored separately.

Empty cylinders shall be tagged, to avoid confusion and delay if a full cylinder is needed hurriedly.

- s. Cylinders stored in the open shall be protected against weather extremes and from the ground beneath to prevent rusting. In summer, cylinders stored in the open shall be screened against continuous exposure to direct rays of the sun.
 - t. Valves shall be closed on all empty cylinders in storage.
- u. Oxygen shall never be used as a substitute for compressed air.
- v. Cylinders or cylinder valves shall not be repaired, painted or altered.
- w. Safety relief devices in valves or cylinders shall never be tampered with.
 - x. Sparks and flame shall be kept away from cylinders.
- y. The markings stamped on cylinders shall not be tampered with in any way.

12003. Fuel- Gas Cylinders

- a. Vertical Position. Acetylene and liquefied fuel-gas cylinders shall be placed with valve-end up whenever they are used. They shall also be stowed in this position and not allowed to lie on their sides. If horizontal storage is necessary, cylinders must be placed in a vertical position 2 hours before using. Otherwise, acetone in which the acetylene is dissolved will be drawn out with the gas.
- b. Leaking Cylinders. If a leak develops at the fusible plug or elsewhere on a cylinder, the cylinder will be moved well away from any source of ignition, the cylinder valve slightly opened, and the fuel gas allowed to escape slowly. A warning shall be placed near this cylinder not to approach it with a lighted cigarette or other source of ignition. Such a cylinder shall be plainly tagged as defective and must be repaired before refilling. The Safety Manager must be immediately notified.
- c. Protection of Safety Plug. When cylinders are in use, nothing shall be placed on top of an acetylene cylinder which may damage the safety plug or interfere with the quick closing of the valve.

12004. Nonflammable Anesthetics

- a. <u>Purpose</u>. To establish policy for safe practice within anesthetizing locations in order to reduce and control the anesthetizing locations to reduce and control the hazards to the use of nonflammable anesthetics.
- (1) <u>Definition</u>. Nonflammable Anesthetizing Location is any anesthetizing location permanently used for or intended for the exclusive use of nonflammable anesthetizing agents.
- (2) <u>Regulations</u>. Practices within anesthetizing locations shall comply to the greatest extent practicable with the provisions of National Fire Protection Association for Health Care Facilities. Specifically included are the following:
- (3) <u>Flammable Anesthetics</u>. The use or storage of any of the following mentioned agents or germicides shall be prohibited from all operating rooms and other anesthetizing locations:
 - (a) Cyclopropane
 - (b) Divinyl ether
 - (c) Diethyl Ether
 - (d) Fluroxene
 - (e) Ethyl Chloride
 - (f) Ethylene

(4) Equipment

- (a) No electrical equipment except that judged by the Materials Management Department Medical Repair Division as being in compliance with reference NAVMED P-5132 and NFPA-99 shall be used in any anesthesia location.
- (b) When a physician desires to use his personal electrical equipment in any anesthesia location, it shall first be inspected by Materials Management Department Medical Repair Division and if judged to comply with NAVMED P-5132 and NFPA-99 requirements shall be so labeled.
- (c) Photographic lighting equipment shall be explosion proof, of the totally enclosed type or so constructed as to prevent the escape of sparks or hot metal particles.

(5) <u>Personnel</u>. Smoking is prohibited within the hospital.

(6) Practices

- (a) If cautery, electrosurgery, or other hot or arcing device is to be used during an operation, flammable fat solvents shall not be applied for preoperative preparation of the skin.
- (b) When the line isolation monitor signal (red light) and/or the audible warning sounds, the administration of the anesthetic shall be discontinued when feasible. Following the completion of the operation, the operating room in which the signal functioned shall not be used until a report has been received from the Materials Management Department.
- (c) Transportation of patients while an inhalation anesthetic is being administered by means of a mobile anesthesia machine shall be prohibited unless deemed essential for the benefit of the patient in the combined judgement of the surgeon and anesthesiologist.
- (7) <u>Action</u>. It shall be the responsibility of the anesthesiologist or other qualified person appointed by the Chairman, Anesthesiology Department to enforce the above regulations.

CHAPTER 13

RESPIRATORY PROTECTION PROGRAM

13001. Background

- a. The Occupational Safety and Health Administration Regulations (OSHA, 29 CFR 1910.134), reference (p), requires that personnel shall be protected from those occupational diseases caused by breathing air containing hazardous concentrations of harmful dusts, mists, fumes, gases or vapors. The primary means of control shall be accomplished by use of respiratory protective equipment.
- b. The following sections contain guidance to enable this Command to meet the requirements for a minimal acceptable program as promulgated by 29 CFR 1910.134. In-depth guidance and information is contained within ANSI Standard Z88.2-1980, Practices for Respiratory Protection.

13002. Responsibilities

a. The Safety Manager is responsible for the overall administration of the program. The MCAGCC Safety Manager shall serve as the technical program manager because of the resource requirements. In conjunction with Naval Hospital (NAVHOSP) Safety Manager the MCAGCC Safety Manager shall advise the departments heads of the areas, occupations and processes which require the use of respiratory protection. The NAVHOSP Safety Manager will provide specifications and standards for the equipment used in this program. He/She will maintain a promotional and educational program to ensure maximum benefits, and is responsible for appraisal of the program. All new respiratory protective equipment shall be evaluated and approved by the NAVHOSP Safety Manager or IH prior to purchase.

b. Department Heads shall:

- (1) Determine the eligibility/requirement of their employees for wearing respiratory protection, ensuring that only qualified and physically able personnel are assigned to tasks requiring respirators
- (2) Ensure the Respiratory Protection Program is adequately funded in accordance with the requirements of this instruction.
- (3) Strictly enforce the provisions of this instruction regarding use, care, storage and maintenance of respiratory equipment in accordance with 29 CFR 1910.134.

- (4) Evaluate all operations that may cause or create respiratory hazards, with the assistance of the NAVHOSP Safety Manager for the extent of the hazards and the need for respiratory protection.
- (5) Personally inspect work sites to ensure that the respiratory protective equipment is being used pursuant to the requirements of this instruction.
- (6) Ensure that personnel identified to wear respiratory protection meet medical qualifications prior to respirator use via Occupational Health/Preventive Medicine Department
- (7) Each person qualified to wear a respirator shall be includes in a respiratory protection program Managed by Occupational Health.

c. All personnel are responsible for:

- (1) Selection and use of respirators in accordance with the training provided under this instruction.
- (2) Reporting of unusual conditions, conflict at worksite, or observed violations of requirements.
 - (3) Cleaning respirators after each day's service.
- (4) If, for humanitarian and/or employee morale reasons respiratory protection is requested, the requesting personnel must be fully entered into the respiratory protection program, including training, fit testing, medical qualification, etc.

e. The Industrial Hygiene Officer is responsible for:

- (1) Conducting surveys to determine airborne concentrations of hazardous contaminants in the work environment.
- (2) Providing information on airborne concentrations of hazardous substances and specific health hazards involved.
- (3) Providing assistance in industrial hygiene aspects of the respiratory protection program:
- (a) Developing and assisting in the conduct of training programs for all personnel.
- (b) Providing specifications of types of respirators for new or unusual operations.

(4) Evaluating existing engineering controls and providing recommendations for improvements.

13003. Procedures

a. <u>Selection of Respirators</u>

- (1) All respiratory protective systems used shall carry the National Institute for Occupational Safety and Health (NIOSH) approval.
- (2) Respirators shall be selected with consideration of the following factors:
 - (a) Nature of the hazard.
 - (b) Extent of the hazard.
 - (c) Work requirements and conditions.
 - (d) Respirator limitations.
- (3) The correct respirator shall be specified for each applicable job, either by the department head and/or in written work procedures. Respiratory protection requirements for all new or revised processes shall be determined during the review of such processes as required by Title 29, CFR, Part 1960.

13004. Use of Respirators

a. <u>Respirators shall be used as issued</u>. No modifications or substitutions to issued equipment shall be permitted. Any modification, no matter how slight, will result in voiding of respirator approval.

b. Fitting

- (1) All respirator users shall be properly instructed in selection, fitting, inspection, use, maintenance, and limitations of respirators.
- (2) The face-piece fit of the respirator shall be checked each time the respirator is put on.
- (3) Respirators shall not be worn when conditions such as growth of beard, sideburns, or temple pieces of glasses prevent a good face seal. Personnel required to wear a respirator in the performance of their duties will ensure that

the above items do not interfere with the wearing of this protective device.

- (4) Personnel who must wear corrective glasses may, as a temporary measure, use glasses with short temple bars or no temple bars which can be taped to the wearer's head. Permanent solutions include use of systems which allow for mounting corrective lenses inside full face-pieces. Fitting shall be accomplished by a qualified individual to ensure good vision, comfort, and a gas tight seal.
- (5) The wearing of contact lenses with a respirator in a contaminated atmosphere is prohibited.

c. <u>General Conditions of Use</u>

- (1) A respirator shall be used only by the person to whom it was issued.
- (2) The respirator shall be returned to the issue point either when it is no longer required, or when it is found to be defective.
- (3) Personnel using respiratory protection shall be instructed to leave the work space if odor of a contaminant or difficulty in breathing is detected. Re-entry shall not be undertaken until respirator integrity and fit, adequate air flow, or filter cartridge replacement, as appropriate, have been accomplished.
- 13005. <u>Training</u>. All personnel who will use or issue respiratory protection shall be instructed by trained and qualified persons. Training shall include:
- a. Information on airborne contaminants to which personnel may be exposed and the effect on health due to such exposures.
- b. Discussion of the reason why a respirator is required in lieu of engineering controls and information concerning selection.
- c. Description of respirator construction, operating principles and limitations.
- d. Instruction in fitting the respirator properly and checking for adequacy of fit.
- e. Methods of storage, inspection, maintenance and cleaning of respirators.

f. Significance of and requirements for maintenance and NIOSH approval.

13006. Maintenance and Care of Respirators

a. Inspection for defects. All respirators shall be inspected before and after each use. The respirator inspection shall include the condition of the face-piece, headbands, valves, canisters, and connecting tubes, where applicable.

b. Cleaning and disinfecting

- (1) Respirators, other than those for emergency use, shall be turned in, cleaned, and disinfected as frequently as necessary, preferably daily, but at least every 30 days.
- (2) Each respirator user should be briefed on the cleaning procedure and be assured that he will always receive a clean and disinfected respirator.
- (3) Cleaning procedures shall be in accordance with the procedures set forth in ANSI Standard Z88.2-1980; Practices for Respiratory Protection. The elements of the cleaning procedure shall be:
 - (a) Disassembly of the respirator.
- (b) Cleaning of the respirator in cleaner-disin-fectant or detergent solution. Cleaner-disinfectant shall be chosen in accordance with manufacturer's recommendations or as specified by the Respiratory Protection Program Administrator in consultation with Naval Hospital Industrial Hygienist.
 - (c) Rinsing with clean, warm water.
 - (d) Drying in a clean area.
 - (e) Inspection of component parts.
- (f) Assembly of the respirator and replacement with approved new parts as necessary.
 - (g) Placing respirator in a clean plastic bag.

c. Repair

(1) Replacement of components or repairs shall be done only by trained, experienced persons and only with parts designed for the respirator.

(2) No attempt shall be made to replace components or to make adjustments or repairs beyond the manufacturer's recommendations.

d. Storage

- (1) Respirators shall be stored in a clean plastic bag, carton, or carrying case, as appropriate. The area selected for storage shall not be exposed to dust, sunlight, extreme heat or cold, excessive moisture or damaging chemicals, or should not be in a location where the packing would be subjected to punctures.
- (2) Respirators shall be packed or stored so that the face-piece and exhalation valve will rest in a normal position and its function will not be impaired by the elastomer setting in an abnormal position.

13007. Purchase

- a. All respirators purchased by the command shall have NIOSH approval.
- b. To ensure that all parts furnished are approved, i.e., they are identical to those in the original model, style and number, all replacement respirator component parts, filters, and cartridges shall be purchased from the same manufacturer who supplied the original respirator.
- c. Respirators purchased for special projects or purposes shall be approved by the Safety Manager after consultation with the Naval Hospital Industrial Hygienist.
- d. Purchase, funding and budgeting for respirators for use by their workers is the responsibility of each clinic and/or department. Prior approval by the Safety Manager shall be obtained to ensure the correct equipment item has been requested.
- 13008. <u>Surveillance of Work Area</u>. Department heads who assign personnel to operations requiring the use of respiratory protection shall inspect the operation frequently to ensure conditions and degree of employee exposure or stress have not changed. If a doubt exists as to the degree of exposure or adequacy of the respirator provided, the operation shall be stopped until appropriate information and consultation have been received and action has been taken to resolve the problem.

13009. <u>Evaluation of Respiratory Protection Program</u>

a. The Safety Manager or designee will regularly evaluate program effectiveness.

- b. The Safety Manager, accompanied by an Industrial Hygienist, will note during their regular inspection of work facilities and operations that proper respirators have been selected for the operation involved, that they are being used correctly, and that they are stored in a sanitary area.
- c. Naval Hospital Industrial Hygiene Division personnel will provide an annual written evaluation on the effectiveness of the program based on occupational medicine and industrial hygiene survey.

CHAPTER 14

RADIATION SAFETY PROGRAM

- 14001. <u>Background</u>. The beam of energy from x-ray machines can cause changes within human cells by producing ions and corresponding chemical changes. The conservative approach to x-radiation protection begins with the assumption that every dose of radiation produces damage. This is the approach that is taken within this command. The equipment in use, the distances involved, and the shielding available permit conservative use of x-rays. Personal monitoring of dose received, technical surveys of machines, and physical examinations of persons exposed to x-rays, provide further safeguards against significant damage to individuals who take radiographs of patients.
- 14002. <u>Radiation Safety Officer</u>. Shall be appointed, in writing, by the Commanding Officer. Normally, the Command Industrial Hygienist will be assigned the collateral duty of Radiation Safety Officer, However, the Safety Manager or Officer trained in Radiation Safety may be acceptable subtitutes.
- 14003. Radiation Protection Surveys. X-ray spaces and machines are surveyed upon installation and once every two years thereafter by a qualified Radiation Safety Specialist as required by reference (o). Medical Repair shall be responsible for arranging for this inspection and ensuring follow-up for any noted deficiencies. A detailed written report will be provided on completion of this inspection. Copies of noted deficiencies will be provided to the Radiation Safety Officer and the Safety Manager.
- 14004. Radiation Protection Standard (Ionizing Radiation). The recommendations in reference (o), have the force as law. While the limits must not be exceeded, they should be used as guides and not be regarded as fine lines between safe and dangerous levels. The underlying philosophy of radiation protection is to keep all exposures as low as reasonably achievable.
- a. Equivalence: Roentgen-Rem. The equivalent of 1 rem of x-radiation is considered to be a dose of 1 roentgen due to x-radiation.
- b. A millirem (Mrem) is 1/1000 of a rem. For example: 30 mrem will be expressed as 00.030 on exposure records.
- c. Standard. The dose of x-radiation to the whole body during any calendar quarter shall not exceed 300 Mrem.

- d. Policy. It is the policy of this command that all personal exposures and environmental releases be held to levels that are 'As Low As is Reasonably Achievable' (ALARA).
- e. ALARA. All exposure to radiation shall be kept ALARA consistent with operational requirements and technical feasibility.
- 14005. Monitoring. Medical examinations are required for personnel with permanent assignment to duties requiring occupational exposure to x-radiation (Exceptions listed in reference (o)). If an exam had been performed in the past a termination examination is required prior to separation, retirement or discharge. Posted dosimeters will be used to ensure that personnel and patients are not exceeding specified maximum doses. These dosimeters will be placed in and around all X-ray department spaces.
- 14006. Exposure Records. Personal dosimetry by means of Thermoluminiscent Devices (TLD) is practiced in order to document an individual's exposure to x-radiation, to determine if an individual has exceeded exposure limits, and to aid in minimizing exposure. The Radiation Safety Officer will ensure that exposure data is obtained and recorded. These histories have both medical and legal significance; they are recorded on DD Form 1141 (Record of Occupational Exposure to Ionizing Radiation) which is retained permanently in the Health Record.
- a. Personnel who take x-rays only incidentally, such as when on duty after working hours, need not be included in the film badge program. Environmental film badges posted in the X-ray department provide sufficient exposure information for protection of incidental x-ray machine operators.
- b. The Head, Radiology Department shall appoint a key person, in writing, to receive and distribute new TLD's and ensure pick up and delivery of exposed TLD's.
- 14007. <u>Protection of Patients</u>. Only a Medical Officer can authorize medical radiographic examinations. Patients shall be protected from unnecessary x-radiation by reduction of unproductive exposure, aprons and other shielding prescribed by reference (o) or the Radiation Safety Officer.
- 14008. <u>Training</u>. Radiographic equipment operators must receive appropriate education and demonstrate continued competence in the areas of anatomy, radiation physics, radiographic techniques and film processing that are relevant to medical radiography. Emphasis shall be placed on training in the safeguards to be

followed in the operation of particular machines and in the particular work circumstances. In addition, female workers shall receive training in prenatal radiation risks. The Radiation Safety Officer shall coordinate and ensure applicable training as outlined in reference (o).

14009. Quality Control. To ensure that the radiographic equipment is kept up to the performance standard for its lifetime, technicians and medical repair personnel are responsible for having the equipment maintained according to the manufacturer's recommended schedule. The provisions of the applicable standard include requirements for optimal collimation and filtration and for proper calibration to ensure accuracy of kilovolts peak, amperage, and exposure time. X-ray technicians must also make certain that proper developing techniques are used to guarantee uniformity and reproducibility of quality radiographs.

14010. <u>Program Evaluation</u>. The Radiation Safety Officer will ensure that a Radiation Safety Program audit is conducted semiannually, pursuant to reference (o). Inspectors shall be drawn from personnel knowledgeable in radiation health, but who are not directly accountable for the local Radiation Safety Program. A copy of the audit report shall be retained and be available for review for a period of three (3) years.

CHAPTER 15

HAZARDOUS MATERIAL CONTROL PROGRAM

15001. <u>Purpose</u>. Naval Hospital Instruction 4110.1 series establishes the command hazardous material control program. This is a Command Instruction which can be found under a separate cover.

15002. Policy

- a. This Command shall comply with all federal, state and local laws related to hazardous materials/waste.
- b. The Environmental Compliance Committee (formally the Hazardous Material Control and Management Committee) is a subcommittee of the Command Safety Committee and meetings shall be conducted at the discretion of the chairperson and meeting minutes or reports shall be forwarded to the Safety Committee.
- 15003. <u>Background</u>. Many different materials, some of which are hazardous, are used in work places throughout Naval Hospital Twenty-nine Palms. Hazardous materials may include items ordinarily considered safe which can become hazardous when misused. A key element of the Hazardous Material Management is effectively informing workers about the hazards of all chemical materials handled in the work place.
- 15004. <u>Scope</u>. The HMC&M Program and HAZCOM program are specified in NAVHOSP29PALMSINST 4110.1 series which is designed to ensure control and management of hazardous materials/waste. The program includes, but is not limited to:
 - a. HMC&M Committee (a subcommittee of the Safety Committee)
- b. Authorized Use List maintained by the OSH office as required by OPNAVINST 5100.23D.
 - c. Material Safety Data Sheets (MSDSs)
- d. Labeled Hazardous Material (HM) and Hazardous Waste (HW) containers
 - e. The safe use of HMs
 - f. Acquisition controls over HMs
 - q. Controlled receiving, issuing and shipping of HMs
 - h. Storage of Hms

- i. Management of Excess Hazardous Material (EHM) and HW.
- j. Emergency response planning
- k. Program plan and documentation
- 1. Record keeping and reporting

15005. Inventory

- a. The basis for any HMC&M program must begin with an accurate inventory of all potentially hazardous products or chemicals. The inventory should be conducted, maintained and updated quarterly by each Department and verified annually by the Safety Manager. This inventory should include chemical name, stock number, supplier, amount used per given time period and the amount on-hand and stored. This inventory is invaluable in the timely identification of potentially hazardous conditions.
- b. Information relating to the ingredients of any product may be obtained through a variety of sources. Some of these sources are:
- (1) MSDSs which may be obtained directly from the manufacturer and contain information on toxic ingredients, flammability, reactivity, recommendations for personal protective equipment, emergency telephone numbers, first-aid procedures, ventilation requirements, fire fighting data and symptoms of overexposure.
- (2) The Hazardous Material Information System (HMIS) is a computerized system in the Safety, IH and Materials Management departments of the Hospital; containing health and safety information on several thousand products used by the Navy and civilian world.
- 15006. <u>Storage/Handling</u>. Improper storage or use of incompatible chemicals may result in accidental mixing of chemicals. As a general rule:
- a. Flammables should be stored away from oxidizers (i.e. calcium hypochlorite, acids, nitrates, peroxides, etc.). Oxidizers are capable of providing their own oxygen to combustible materials resulting in spontaneous combustion and must be kept away from any combustible material.
- b. Flammables should always be stored in an approved flammable storage locker.

- c. Acids should never be stored with alkalis such as sodium hydroxide, ammonia, etc. Acids and alkalis are extremely incompatible; mixing the two will result in a violent reaction.
- d. Acids, toxics, caustics, or petroleum products should never be stored above shoulder level. Petroleum based solvents have a narcotic effect on the central nervous system causing headaches, nervousness, fatigue, nausea and dizziness. These solvents represent a serious fire hazard as well. Care must be exercised to prohibit smoking and other sources of ignition in areas using these products. Acids cause severe skin and eye burns on contact, respiratory difficulties if dust or mist is inhaled and may cause hazardous chemical reactions with a variety of other chemicals. Alkalis cause the same health problems as acids.
- e. Only the <u>minimum quantity</u> of a chemical required for job performance should be made available in the work place.
- f. Containers containing materials other than the original must be thoroughly labeled to identify the substance contained.
- g. Appropriate personal protective equipment should be required when there is a potential for overexposure to vapors, mists and/or fumes or when there is the possibility for skin contact with a hazardous material. Personal protective equipment should be properly maintained and stored in a clean location.

15007. Responsibilities

- a. Safety Manager shall:
- (1) Review the Hospital Hazardous Material Control Program annually and propose changes required to insure that it reflects the latest directives from higher authority.
- (2) Monitor all authorized HMs used in the hospital by work location and review/reconcile the list at least semi-annually. This is the 'Authorized Use List' as required in OPNAVINST 5100.23 series. Additionally, the Safety Manager will publish this list on the Hospital Net and distribute this list to all directors and department heads, NREA and the Combat Center Fire Department.
- (3) Provide assigned personnel with health and safety information and training regarding hazardous materials in use. Training records shall be maintained by the departments.

- (4) Insure the availability of personal protective equipment (PPE) in appropriate areas, and monitor the proper use and maintenance of this equipment.
- (5) Enforce labeling requirements of HMs, including appropriate warning signs for all HMs in use.
 - (6) Write and Monitor implementation of HAZCOM Program.
- (7) Verify that departments all personnel using HMs are thoroughly familiar with procedures outlined on the MSDS for emergency spills, First Aid, PPE and contingency action plans.
 - b. The Industrial Hygienist shall:
- (1) Conduct appropriate Industrial Hygiene monitoring of personnel occupationally exposed to hazardous materials as needed.
- (2) Assist in providing training and/or Literature for the following:
 - (a) Hazard specific training
 - (b) The safe use of Engineering Controls
 - (c) Other required training suggested by references
 - (3) Recommend PPE or Engineering Controls as necessary
 - c. Head, Material Management Department shall:
- (1) Be appointed as the Hazardous Materials Manager. Manage and implement acquisition controls over HMs ensuring proper storage, receiving, distribution, issuing and shipping of HMs.
- $\,$ (2) Maintain MSDSs for all HMs stocked. Forward copies of MSDSs to the appropriate departments and OSH Office.
- (3) Comply with labeling requirements of incoming shipments of HMs as outlined in OPNANINST 4110.2 series.
- (4) Coordinate with Natural Resource and Environmental Affairs Division, Marine Corps Air Ground Combat Center (MCAGCC) and Defense Reutilization and Marketing Office to insure Command generated excess HMs and HW are properly collected, segregated, labeled, transported and stored at MCAGCC EHM and HW storage sites.

- (5) Author NAVHOSP29PALMSINST 4110.1 series.
- d. Head, Facilities Department shall:
- (1) Insure all equipment, tanks, pipes, or other stationary objects that contain HMs or HWs are properly labeled.
- (2) Install and maintain proper signs for all hazardous materials areas.
 - e. Head, Education and Training Department shall:
- (1) Coordinate required HAZCOM training with the Safety Manager
- (2) Maintain appropriate training documentation for each member receiving HAZCOM/HM training.
- (3) Retain copies of HAZCOM/HM training rosters to the Education and Training Office and forward copies to the OSH Office.
 - f. Department Heads and Supervisory Personnel shall:
- (1) Develop Standard Operating Procedures (SOPs) for HM handling procedures and spill contingency plans in their departments. Provide an updated copy of the SOPs to the Safety Manager at least annually.
- (2) Certify that subordinates are familiar with proper handling and storage procedures for HM in their work area, and rigidly enforce safe handling procedures of HM, including mandating the wearing and proper use and maintenance of personal protective equipment.
- (3) Update the worksite HMs inventory (Departmental AUL) quarterly, including MSDSs and submit a copy to the OSH Office.
- (4) Insure that only the minimum amount of HMs required to perform the job is stocked by the department.
- (5) Insure the following statement is included on all orders of HMs: "HAZARDOUS MATERIAL, ORDER MSDS."
- (6) Insure MSDSs are kept in the work area and are readily available to all employees. Each employee shall be instructed as to the location of MSDSs for HMs with which they are required to work. MSDSs shall be in a binder and each employee shall be required to read and initial each MSDS of any HM to which they may be exposed before the employee uses the HM.

- (7) Request training for all employees who may be potentially exposed to the harmful effects of HMs. Coordinate with the Safety Manager to provide Hazard Specific Training.
- (8) Insure appropriate warning signs are properly placed in hazardous worksites.
- (9) Insure eating and drinking are prohibited in HM use or storage areas.
- (10) Insure all HMs are stored in appropriate containers. Chemical containers are never re-used, and are disposed of in accordance with reference (d).

15008. <u>LEAD Control Program</u>

a. Lead has long been a recognized health hazard. Lead can damage the nervous system, blood forming organs, kidneys, and reproductive systems.

b. Common uses for lead and lead compound include:

- -Radiation shielding
- -Paint filer and hardener
- -Weights
- -Rubber antioxidant
- -Batteries
- -An acoustical insulation component
- -Solder for electrical components and pipe joints
- -High voltage cable shielding
- -Paints which typically contain lead components include red, forest green, chrome yellow, "school bus yellow" and "OSHA yellow" paints typically contain lead components, such as lead oxides and lead chromate. Lead is also found in polyurethane and water base paints.

c. Significant lead exposures can occur during:

- -Soldering with torches
- -High voltage cable repair
- -Contaminated personnel clothing, etc.

d. Lead Program Responsibility:

(1) <u>Supervisors</u> of potential lead environments insures workplace environment is lead controlled by substitution with less hazardous materials, implementing necessary administrative controls and enforcement of the use of personal protective equipment and work practices.

- (2) <u>Industrial Hygienist</u> shall be consulted regarding the adequacy of and requirements for personal protective equipment, engineering controls and medical surveillance.
- (a) <u>Warning Signs</u>. Signs shall be provided and displayed where airborne lead concentrations may exceed the PEL. Signs shall be conspicuously posted, stating: WARNING LEAD WORK AREA POISON NO SMOKING, EATING OR DRINKING wash hands.
- (b) <u>Caution labels.</u> Labels shall be affixed to containers of contaminated clothing, equipment, raw material, waste, debris, or other products containing lead
- (c) <u>Material Safety Data Sheet (MSDS).</u> Lead sources must have accompanying MSDS, and be included on the hazardous materials inventory listing.
- (d) <u>Training</u>. All Navy personnel who work in areas where the potential exists for lead exposure shall receive initial training prior to or at time of assignment and at least annually thereafter.

e. Potential Lead Risk Areas:

- (1) Radiology: Lead shielding
- (2) Medical Repair: Electrical solder.
- (3) Facilities Maintenance: Lead solder, grinding, cutting, machining, smelting, brazing and paints.

15009. Formaldehyde Control Program

- a. Description. Formaldehyde means the chemical substance HCHO, Chemical Abstracts Service Registry No. 50-00-0. Also called Methanol, Methyl Aldehyde and Methylene Oxide. Pure Formaldehyde is a flammable gas and reacts with phenols, oxidizers, acids, alkalis and urea. It is a Potential Occupational Carcinogen (NIOSH Pocket Guide to Chemical Hazards 1994). However, 'No epidemiologic studies to date have linked formaldehyde exposure to any form of cancer in humans, nor have they indicated that persons chronically exposed to formaldehyde are at any increased risk.' (Industrial Toxicology, Williams & Burson; Van Nostrand Reinhold, N.Y., N.Y.; 1985) At Naval Hospital Twentynine Palms it is used to preserve tissue samples for later study.
- (1) Formalin. The most frequently found variation of Formaldehyde found in hospitals is a product called 'Formalin.' This is an aqueous solution that is 37% formaldehyde by weight with 6 to 12% Methyl Alcohol. Formalin is a Combustible Liquid with a wide flammable range (7 to 73 percent). It is a colorless liquid with a pungent odor. The odor threshold for formalin is 0.05 to 1.50 ppm and TLV-TWA is 0.75 ppm (*ibid*); so that smell may be an indication that employees should not be in the area, certainly patients should not be exposed to this product.
- (2) All body contact should be avoided. Gloves and Splash goggles must be worn for even the most casual use. It is 'the tenth (10) most common cause of dermitatitis' (*ibid*). Skin contact is not usually an acute hazard. A NIOSH approved respirator must be worn for inhalation exposures over the TLV-TWA, which may be an acute hazard. Clean-up operations must be conducted by trained personnel in full class 'C' protective equipment.
- b. Discussion. As of December 1996 Naval Hospital Twentynine Palms has had no known over-exposure to this product. All exposure testing, to date, has shown little or no risk of inhalation exposure in this hospital. 29 CFR 1910.1048 requires exposure monitoring of Formaldehyde and describes requirements for reporting exposures. It should be noted that this is one of the few chemicals that has its own federal regulation.
 - c. Program Responsibility.
 - (1) Department Heads shall:
 - (a) Rigidly enforce formalin safety and control.

- (b) Report all formalin exposures and request IH monitoring if formalin is suspected.
- (c) Certify all employees, in their department, authorized to work with this product are trained in proper use.
- (d) Insure that all formaldehyde and formalin products are stored in an approved flammable liquids locker.
 - (2) Departmental Safety Representative shall:
- (a) Monitor the quantities of formalin removed as waste and maintained in inventory.
- (b) Train all personnel in department on formalin safety.
- (3) Industrial Hygienist shall develop a periodic sampling strategy and conduct periodic monitoring as required by 29 CFR 1910.1048.
 - (4) Safety Manager shall:
- (a) Monitor all exposures for possible formalin contamination.
- (b) Develop regulated areas for formalin use and recommend engineering controls as necessary.
 - (c) Assist departments with training as necessary.
 - (5) Hospital Personnel shall:
- (a) Report all spills over one (1) gallon as HAZMAT spills.
- (b) Use personal protective equipment (PPE) when using formalin.
- (c) Evacuate patients and employees from areas in which an overexposure hazard exists (over one(1) gallon).

d. Training

- (1) All personnel who work with formalin shall be trained on how to report a spill and evacuate the area.
- (2) All personnel who work with formalin shall be trained in PPE for formalin.

e. Competencies

- (1) Employees who work with formalin should be able to describe the proper reaction to a spill.
- (2) Employees who work with formalin should be able to describe the proper storage of formalin.
 - f. Potential Hospital Risk Areas.
 - (1) Laboratory
 - (2) Operating Room
 - (3) Pathology Specimen Treatment Area
 - (4) Materials Management

15010. Liquid Nitrogen (LN) Control Program

a. Description. Liquid Nitrogen (LN) is a cryogenic liquid. It has a CAS number of CAS 7727-37-9 and a UN number of 1077. As a gas Nitrogen is colorless, odorless, non-flammable, un-reactive and occurs naturally in air making up about 70 %. As a liquid it looks like water, but it is at -195.8 degrees C. This temperature freezes all organic matter on contact. At Naval Hospital Twentynine Palms it is used to freeze skin lesions.

b. Discussion

- (1) Accidental exposure to uncontrolled LN can cause frost burns, frozen tissue, frozen eyes and even death in severe cases.
- (2) Cryogenic containers must be clean and made from materials suitable for cryogenic temperatures (austenitic, stainless-steels, copper, etc.).
- (3) Dewar containers should be secured to carts and stored in an area where they can not be knocked over by personnel or earthquake. (*Laboratory Health and Safety*, 2nd Ed.; Stricoff & Walters; Wiley-Interscience, N.Y., N.Y.; 1995)
- (4) A safety shield, chemical apron, and loose fitting thermal gloves shall be worn when transferring LN from Dewars to approved thermos type containers. All cryogens must be transferred slowly into containers to avoid thermal shock and excessive pressure buildup. Small containers must be protected from accidental knock over and falling.

- (5) LN should never be poured on cement or concrete surfaces. It will burst rocks and kill plants. Disposal procedure is to vent the container to the atmosphere.
- (6) LN must be stored in an approved, labeled room. LN should never be used or sprayed in an unvented space, it will displace oxygen and cause asphyxiation.
 - (7) If Liquid Nitrogen is spilled:
 - (a) Activate spill response procedures.
 - (b) Restrict access.
 - (c) Evacuate immediate area.
 - (d) Ventilate area to outside.
 - (e) Stop spill if possible -- safely.
 - c. Program Responsibility
 - (1) Department Heads shall:
- (a) Certify all employees in their department authorized to work with this product are trained in proper use.
- (b) Provide proper storage, containers, PPE, transport and signs.
- (c) Prepare a departmental SOP for the daily use, distribution, training, storage and safety of LN.
 - (2) Departmental Safety Representative shall:
 - (a) Assist department with training.
- (b) Inspect containers monthly for damage (Maintain Log).
 - (c) Inspect PPE monthly (Maintain log).
 - (d) Assist in enforcement of safety procedures.
 - (3) Industrial Hygienist shall monitor use annually.
- (4) Safety Manager shall enforce safe LN use, storage and training.

- (5) Hospital Personnel shall:
 - (a) Refrain from using LN unless certified to do so.
 - (b) Report all spills.

d. Training

- (1) All personnel must be trained in LN safety before using this product.
- (2) All personnel must understand the immediate dangers in using this product.
 - e. Competencies
 - (1) Employee can describe safe LN use.
 - (2) Employee can describe safe LN storage.
 - (3) Employee can describe proper LN spill procedures.
 - f. Potential Hospital Risk Areas
 - (1) Family practice clinic
 - (2) Laboratory

15011. Phenol Control Program

- a. Description. In its raw form (C6 H12 ClN5) is white crystalline substance. It has a CAS Number CAS 94-78-0. It has a distinct acrid aromatic odor with an odor threshold of 0.04 ppm and in water is 7.9 ppm. Phenol is listed by the EPA, OSHA, DOT, SARA, RCRA and most States as an Air, Water and Toxic pollutant. Phenol is widely used in manufacturing, but at Naval Hospital Twentynine Palms it is used to remove toenails and other unwanted external skin growths.
- (1) Phenol is a DOT-listed 'POISON' and should be kept away from any food or food products. As little as one (1) gram has been lethal in humans. It should not be ingested, inhaled, or absorbed. If it is mixed with water and you can smell it, you have probably reached the 8 hour TLV-TWA.
- (2) All body contact should be avoided. Gloves and splash goggles must be worn for even the most casual use. Storage must be regulated this product reacts violently with Chlorine and Chlorine bleach (strong oxidizers, calcium hypochlorite).

b. Discussion. Caution must be exercised with this product to avoid spills. This is a known hazard and should be treated as such.

c. Program Responsibility

(1) Department Heads

- (a) Certify all employees in their department authorized to work with this product are trained in proper use.
- (b) Provide proper storage (segregated from any Chlorine or oxidizers), containers, PPE, transport and signs.
- (c) Prepare a departmental SOP for the daily use, distribution, training, storage and safety of Phenol.
 - (2) Departmental Safety Representative
 - (a) Assist department with training.
- (b) Inspect containers monthly for damage (Maintain Log).
 - (c) Inspect storage monthly.
 - (d) Assist in enforcement of safety procedures.
 - (3) Industrial Hygienist shall monitor use annually.
- (4) Safety Manager shall enforce safe Phenol use, storage and training.
 - (5) Hospital Personnel shall:
- (a) Refrain from using Phenol unless certified to do so.
 - (b) Report all spills.

d. Training

- (1) All personnel must be trained in Phenol safety before using this product.
- (2) All personnel must understand the immediate dangers in using this product.

e. Competencies

(1) Employee can describe safe Phenol use.

- (2) Employee can describe safe Phenol storage.
- (3) Employee can describe proper Phenol spill procedures.
- f. Potential Hospital Risk Areas.
 - (1) Family practice clinic
 - (2) Pharmacy

15012. Mercury Control Program

- a. The principal mercury hazard is the cumulative effect of mercury on the body acquired by continuous inhalation of mercury vapors and by direct contact with mercury contaminated equipment and materials. Inorganic mercury is the classical nephrotoxin. That is, large amounts of mercury can cause kidney failure. Although acute mercury poisoning is rare, chronic low-level exposure, outside the U.S., is not. Chronic exposure may cause proteinuria, hypoproteinuria, edema in the extremities and glomerular and tubular damage. (INDUSTRIAL TOXICOLOGY, Safety and Health Applications in the Workplace; Williams and Burson; Van Nostrand Reinhold; NY,NY; 1985)
- b. Mercury may enter the body by three routes inhalation, ingestion and skin absorption. Once mercury enters the body, it tends to localize in the brain, liver, and kidneys. Prolonged, excessive exposure results in central nervous system disorders, severe psychic disturbances, and physiological disorders. Mercury vapor and particulate matter may be inhaled from the atmosphere. Mercury may be ingested by eating with contaminated fingernails, or by smoking in the work area. Mercury droplets may also be absorbed either through direct contact with intact skin or through breaks in the skin such as cuts and abrasions. The fact that mercury vapors are odorless and seldom detected by the human senses compounds the safety problem.
- c. Mercury contamination usually originates from spills in handling, leakage from capsules in trituration and mulling procedures, and from the evacuation of amalgam and free mercury during condensation and carving of restorations. Improper storage of scrap mercury and amalgam may also contribute to mercury contamination.

d. <u>Mercury Hygiene Preventive Measures</u>

(1) Alert all personnel involved in handling mercury, especially during training or indoctrination periods, of the

potential hazard of mercury vapor and the necessity for observing good mercury-hygiene practices. Before working with mercury, all personnel shall remove jewelry such as rings, wristwatches, bracelets, etc.

(2) If mercury is spilled on floors of patient or exam rooms they shall be swabbed with mercury decontaminant (HgX) solution once a day for 30 days, or more often when a mercury vapor analyzer test shows a vapor reading of 0.01 mg/M3 or higher. Floors may not, under any circumstances, be carpeted. This is a preventive measure to preclude the spread of mercury contaminants

e. Mercury Spill and Clean-up Procedures

- (1) Spilled mercury should be cleaned up immediately.
- (2) When a small amount of mercury is spilled, clean it up promptly. Use neoprene gloves to protect the hands and carefully gather up as many mercury globules as possible. Suck up globules caught in cracks, recesses, and corners, with an eye dropper or by attaching a glass tube with a small inside diameter to a rubber tubing and connecting it to a good vacuum source with a water trap to collect mercury.
- (3) Use only vacuum cleaners specially designed for clean-up of mercury spills. Ordinary vacuum cleaners tend to heat and spread mercury vapors, thus increasing office atmospheric levels.
- d. The use of mercury decontaminant is especially recommended to lower the mercury vapor concentration resulting from a mercury spill. One type of mercury decontaminant which has been effective is HgX, a nonporous, water soluble metallic-mercury-sulfide converting powder combined with a chelating compound and a dispersing agent. HgX is used according to the manufacturer's instructions or mixed with water in a ratio of 1-1/2 pounds to 5 gallons, and applied as a spray or wash to the affected spaces. If the floor has deep cracks and crevices, HgX may be mixed with sawdust and distributed with a mop to help neutralize entrapped or hidden contaminated areas. The sawdust/HgX mixture should be swept up or vacuumed after it has been in place overnight. A pail full of HgX and saturated sawdust mixture may be kept on hand to decontaminate mercury spills as soon as they occur.

(1) <u>Documentation</u>. HgX decontamination shall be documented as a mishap report and in a departmental log showing date and location of decontamination for each activity.

15-15

Enclosure (1)
NAVHOSP29PALMSINST 5100.1D
7 January 1997

(2) <u>Disposal</u>. Equipment that contains mercury is considered a hazardous material and must be disposed of as a hazardous waste. The Head, Materials Management Department shall be contacted regarding proper disposal of any material containing mercury. Mercury or any material containing mercury will <u>NEVER</u> be disposed of in regular trash.

CHAPTER 16

LOCKOUT / TAGOUT

16001. Lock-out/Tag-out (L/O-T/O) Energized Equipment

a. Lock-out (L/O) and Tag-out (T/O) procedures will be followed by all military, civil service, and contractor personnel who work on energized, pressurize or dynamic equipment ON ANY PREMISES OF NAVAL HOSPITAL 29 PALMS.

b. Definitions

- (1) <u>Lock-out (L/O) Device</u>. A mechanical means of locking or making inoperative electrical or mechanical equipment or systems by securing with one or more shackle-type padlocks.
- (2) <u>Tag-out (T/O)</u>. A safeguard accomplished by placing a tag on equipment clearly indicating that the equipment is not to be operated. The tag will state the nature of the hazard, the date tagged out, and the person to contact before removing the tag or operating the tagged equipment or system.
- (a) <u>CAUTION Tag</u>. A yellow tag used to provide temporary special instructions or to indicate that unusual caution must be exercised to operate equipment. Do not use a caution tag if personnel or equipment can be endangered using normal operating; in this case, a DANGER tag is used.
- (b) <u>DANGER TAG</u>. A Red tag prohibiting operation of equipment which could jeopardize the safety of personnel or endanger equipment, systems, or components. Under no circumstances will equipment be operated when tagged when DANGER tags.
- (3) <u>Authorized Employees</u>. Only trained and qualified employees authorized to work on hazardous energy systems and equipment maintenance. Only Authorized Employees are authorized to (L/O-T/O) .In this Hospital this shall be limited to Biomedical Repair Technicians, Facilities Maintenance Technicians and supervisors and Safety Personnel. All other employees in the Hospital shall be considered Affected Employees.
- c. <u>Lock-Out/Tag-out Log</u>. Appendix (E) shall be maintained by Head, Facilities Management of authorization of each effective lock-out or tag-out action, to serve as an overall record as well as provide current status of equipment de-energized for the purpose of maintenance, repair or construction. Maintenance personnel will keep Facilities Management informed of the status of equipment under their cognizance.

d. <u>Zero Energy State (ZMS)</u>. The condition of a system or unit when all potential, kinetic, electrical, pneumatic, hydraulic, electrical and chemical energy has been released or drained off. ZMS is the total absence of energy.

16002. Process

a. Responsibilities

- (1) Facilities Maintenance Department, and Medical Repair Division for medical equipment only, shall maintain by type of equipment and applications where (L/O-T/O) may be used. Head, Facilities Management, and Head, Materials Management for medical equipment only), the officials authorizing (L/O-T/O), will insure compliance OPNAVINST 5100.23D, and 29 CFR 1910 are met.
- (2) Contracts Officer will insure contracts shall require the contractor to submit a copy of instructions explaining the company's (L/0-T/0) program.
- (3) It is the worker's responsibility to insure that equipment is locked out and tagged as described in this section
- b. <u>Procedures</u>. When working on any electrical or mechanical systems which can be operated or energized the listed procedures will be followed:
- (1) Before beginning the work, bring equipment to ZMS then lock/out and tag/out all energy sources. Check to insure the lock-out is, in fact, effective.
- (2) Insure the lock-out is tagged and bears the name and office phone number of the person working on the equipment, the date, and the purpose for the equipment being locked out of service.
- (3) If more than one person is working on the equipment, each will have his or her own lock and tag in place.
- (4) When trainees or helpers are assigned to work on equipment, they will work under a qualified person's lock and tag. the qualified person will be responsible for insuring that such trainee or helpers understand what is to be done and what safety precautions are to be taken.
- (5) Tag out equipment having mechanical defects using the danger or caution tag.

- (6) When it becomes necessary for one person to transfer the job to another person, the first person will make sure the successor's tag and locks are in place before he removes his own. The appropriate logs shall reflect this transfer.
- (7) Never test or operate the equipment until all danger tags and locks have been removed.
- (8) If a tag is missing or damaged, reissue it by indicating in the tag-out log (Appendix (E)) that the tag was missing of damaged and a replacement issued. Issue a new tag using the next sequential number from the tag-out log book. The Head, Facilities Management must grant approval prior to reissuing tags.
- (9) No security alarm or fire alarm system or equipment will be affected by these lock-out and tag-out procedures. The security and fire department have procedures in effect for these systems.

c. <u>Lock-Out/Tag-Out Authorization</u>

- (1) Before any person may lock/out or tag/out equipment, they must contact Head, Facilities Management or Medical Repair if medical equipment during normal working hours or the Officer of the Day (OOD) after normal working hours. If equipment or a system is to remain out of service. Maintenance, and repair employees are responsible for notifying the OOD and issuing and placing lock/outs, tags and maintaining tag logs.
- (2) If the (L/O-T/O) is made after normal working hours or on weekends, it is imperative that responsible personnel be advised of problems as soon as possible.
- Lock and Tag Removal. Locks and tags will remain on the equipment until the job is finished, and will be removed only by the person whose name appears on the tag and in the log. In the event that the person whose name is on a tag and log leaves the job for emergency reasons or is incapacitated, the person's second level supervisor is the only person authorized who shall remove the employee's (L/O-T/O) device. That second level supervisor will remove such tags and locks only after a thorough investigation, conducted in conjunction with the cognizant first level supervisor and the Safety Office, determines that all workers are in the clear and that no equipment damage will result from lock or tag removal. When all work is completed, tags may be removed and must be cleared from the appropriate log and Head, Facilities Management Department. If after normal working hours the OOD will notify the cognizant responsible personnel as soon as possible.

CHAPTER 17

FIRE PREVENTION

- 17001. <u>Regulations</u>. Department heads and all military and civilian supervisors shall review and familiarize themselves with the fire prevention regulations and insure proper dissemination of, and rigid compliance with, references (q) and (r). References (p) and (o) shall be referred to for program guidance and compliance.
- 17002. <u>Responsibilities</u>. Pursuant to references (q) and (r), responsibilities for the implementation of fire preventive measures and procedures are specifically assigned as follows:
- a. The Commanding Officer shall appoint a Fire Warden/Safety Officer in writing to promote fire prevention requirements that are in compliance with current directives and changing conditions, with view to proper utilization of manpower, materials and funds.
 - b. The Fire Warden/Safety Officer shall:
- (1) Advise the MCAGCC Fire Chief upon being appointed and provide a list of buildings under Hospital Cognizance.
- (2) Conduct a vigorous program of fire prevention through continuing education of staff members and physical inspection of the buildings, facilities and inspection of fire fighting equipment and fire systems by technically qualified personnel.
- (3) Function as Liaison Officer between the Naval Hospital and MCAGCC Fire Department.
- (4) Establish a fire drill schedule which complies with NAVOSH and JCAHO requirements and report fire drill results in writing to the Safety Manager Officer and the Safety Committee.
- (5) Conduct safety inspections to identify hazardous conditions that could cause personnel injury or property damage. Immediate action should be taken to correct the hazards.
 - (6) Compile reports on inspections and conditions.
- (7) Insure that the MCAGCC Fire Department is called on all fires, even if extinguished.
 - c. The Departmental Safety Representative is hereby

appointed as the Departmental Fire Warden and is responsible for the following:

- (1) Inspection and maintenance of fire fighting and fire protection equipment assigned to the Department.
 - (2) Administering fire prevention in the Department.
- (3) Insuring that a Fire Reporting Card (29P-11320/3) is posted by all phones.
- (4) Conducting an effective fire prevention program, with emphasis on the elimination of fire hazards.
 - d. The Department Head shall:
- (1) Insure that newly reporting personnel are thoroughly indoctrinated on the contents of this instruction.
- (2) Insure that annual fire prevention training is provided to all hands to include the use of fire extinguishers, location of fire zones, fire exits and basic fire safety regulations.
- 17003. <u>Task Responsibilities and Authority During Potential/</u> Actual Emergencies or Fire Drills
- a. The Fire Safety Officer or his representative (Officer of the Day (OOD) after normal working hours) shall:
- (1) Proceed to the scene of the potential/actual/drill emergency by the most expeditious means.
- (2) Evaluate the situation and direct appropriate actions until relieved by proper authority (Fire Chief, Commanding Officer, Executive Officer or Director for Administration).
- (3) Secure utilities and equipment as required for areas involved or endangered by fire.
- (4) When relieved at the emergency site by proper authority, proceed to the Emergency Command Post (OOD's Desk).
 - (5) Maintain availability of access keys to all areas.
- (6) Coordinate and control external/internal communications.

- (7) Notify the Commanding Officer, XO and Director for Administration.
 - (8) Maintain liaison with the reporting Fire Chief.
 - b. OOD's Desk personnel shall:
- (1) After determining the zone/location from which the alarm was activated (by reading the Fire Alarm Panel), announce the fire drill over the PA system and give the zone location activated. This will be repeated twice. In the event, it is a pre-scheduled drill, the announcement shall be preceded and followed by the words "THIS IS A DRILL."
- (2) The Emergency Room (ER) personnel will notify the Fire Department via the direct telephone line (red phone) located in the ER, of all emergency fire situations, actual, potential or drills.
- (3) When directed by the Fire Safety Officer or his representative, notify the bachelor enlisted quarters (BEQ) manager, building 1145, to direct all Naval personnel in the Barracks to report to the Emergency Command Post (OOD's Desk).
- (4) When the fire drill situation has been properly evaluated by the Fire Department, a Fire Drill Evaluation worksheet shall be completed and forwarded to the Safety Manager the next working day.
- c. Command Personnel shall evaluate the need to activate the Hospital Disaster Plan
- d. Personnel in the immediate area of the actual/drill situation shall:

(1) In the event of an ACTUAL FIRE

- (a) Activate the nearest fire alarm pull box and/or dispatch available staff member to the OOD's Desk and inform them of the exact location of the fire.
 - (b) Remove all patients from the immediate area.
- (c) Without endangering yourself or others, extinguish the fire, by using available fire fighting equipment. See enclosure (2) for location of fire extinguishers.

(2) <u>In the event of a DRILL</u>:

(a) Activate the nearest fire alarm pull box and/or

dispatch available staff member to the OOD's Desk and inform them of the exact location of the fire.

- (b) Carry a fire extinguisher to the scene but do not break the seal or operate.
- (c) Simulate removal of all patients from the immediate area unless directed to do otherwise by proper authority.
- (d) Evaluation of unscheduled fire drills shall be conducted, utilizing the Fire Drill Evaluation Worksheet, Appendix D. They must be completed and forwarded to the Fire Safety Officer.

17004. <u>Discovery of a Fire</u>

- a. Initiating an emergency response involving a fire
 - (1) Dial 9-1-1 and/or pull the nearest fire alarm box.
- (2) Warn all outpatients, visitors, and staff members in the building to immediately evacuate. Inpatients and ward nursing staff will remain on the ward unless otherwise directed by proper authority.
- (3) Have a staff member available to direct arriving fire department personnel.
 - (4) Close (do not lock) windows and doors.
 - (5) If safe to do so, attempt to extinguish the fire.
 - b. Fire Alarm. To report a fire:
- (1) Dial 9-1-1- and pull nearest alarm or outside alarm box, if available. Stand by on or near the scene until the fire department arrives.
- (2) Give exact location of fire, such as street address, and building number.
 - (3) State nature of fire.
 - (4) State who is calling and the telephone number.
 - (5) Wait for acknowledgment from the fire dispatcher.

17005. Evacuation Plans

- a. Will be published by each department and conspicuously posted on bulletin boards and at strategic locations throughout all buildings and departments at the command.
- b. Each location will have its own fire evacuation plan which may contain additional instructions. Evacuation plans and supplemental instructions will be conspicuously posted and regularly practiced. Instructions for each location should include:
- (1) A floor plan showing evacuation routes and actions required by personnel upon alarm of fire.
- (2) The locations of fire extinguishing equipment, nearest fire alarm box, fire telephone, or nearest phone.
 - (3) Special fire prevention measures as may be required.
- 17006. <u>Evacuation</u>. Contrary to actions taken in other buildings, evacuation of hospital patients is done as a last resort and, with the exception of a simple evacuation, is performed only on order of the Commanding Officer, Executive Officer, or Director for Administration (OOD after working hours). Procedures and designations are as follows:
- a. Simple evacuation is the removal of one or more persons from an immediately dangerous area. Once the patients are removed, secure all windows and doors to the endangered space.
- b. Horizontal evacuation is the removal of patients laterally to a different wing or to a safe area by whatever means necessary in the following precedence:
 - (1) Patients in immediate danger
 - (2) Ambulatory patients
 - (3) Bed patients
- c. Total evacuation is the total and complete evacuation of an entire building, utilizing all means necessary. Total evacuation is a COMMAND DECISION and involves the utilization of all hands. Directions and coordination will be provided by the Emergency Command Post (OOD's Desk).
- d. After evacuation of a building during a fire or alarm, TENANTS SHALL STAND CLEAR OF THE STREETS AND FIRE HYDRANTS AND BE AT LEAST 150 FEET FROM THE BUILDING INVOLVED.

17007. <u>Fire Prevention</u>

- a. Fire alarm boxes, fire extinguishers, and exits shall not be obscured or obstructed. They must be unobstructed for thirtysix (36) inches in all directions.
- b. Any person having discharged a fire extinguisher shall report the fact immediately to the Fire Warden, Safety Manager or OOD and the purpose for which it was discharged.
- c. Fire extinguishers shall not be removed from their assigned locations except for inspection, training or fire fighting.
- d. Fire exits and fire doors shall not be obstructed and shall be clearly marked by properly illuminated signs.
- e. Fire hazards shall be reported immediately to the Safety Office.
- f. All spaces shall be kept free of rubbish, trash, and debris. Trash, rubbish, and debris shall be kept in trash cans and removed at least daily or more often if necessary. Items too big to be placed in trash cans shall be removed immediately.
- g. Space Heaters, hot plates, curling irons and other Heat producing devices shall not used in the hospital.
- h. Extension cords may not be used without written authorization of the Safety Manager.
- i. It shall be a Fire Safety Violation to leave a coffee pot or maker on, unused overnight.
- 17008. <u>Quarters</u>. For the purpose of this instruction, quarters are defined as barracks rooms assigned to single personnel or geographical bachelors under the cognizance of this Command.
- a. Persons assigned quarters shall be fully responsible for violations of fire safety regulations by themselves and their quests.
- b. Tenants shall be responsible for maintenance and good policing of their areas and shall not allow accumulations of trash, flammable liquids, or materials which may cause fire hazards in or about their quarters.
- c. Explosives, flammable liquids, or fireworks are not permitted in quarters, except as authorized by reference (c).

- d. Personnel living in the barracks are not permitted to store ammunition or gunpowder, in any amount, in the barracks.
- e. It shall be the responsibility of each person to remove from public wash rooms all receptacles in which they carry articles to be washed and to remove any trash which may result from their use of the wash rooms.
- f. Private locks are not to be used to lock doors of public storerooms or wash rooms.
- g. Materials of any type shall not be hung on or fastened to sprinkler systems or fire extinguishers.
- h. Stoves or appliances operated by the use of gasoline are not permitted in buildings.
- i. Any hazardous condition found by the fire chief or his representatives shall be immediately corrected by the tenant.
- j. All persons residing within the boundaries of the Combat Center shall acquaint themselves with fire telephone number 9-1-1, the location of the alarm boxes, and with the operation of fire extinguishers.
- k. Electric irons, or any other electrical device of similar nature shall not be left unattended while the device is plugged in to a receptacle.

17009. Action

- a. Department Heads shall insure that all staff personnel are advised of the contents of this instruction and are trained in the content annually.
- b. Each department, clinic, and ward shall post a current Watch/Quarter/Station Bill (IIND-GEN-1601/2) designating personnel assignments. Additionally, plans for evacuation (in the event of an actual fire or emergency) shall be published.

RECREATION, ATHLETICS AND HOME SAFETY

- 18001. <u>Purpose</u>. To provide recreation, athletics and home safety information.
- 18002. <u>Discussion</u>. The Department of Defense (DOD) has directed that safety programs be established to protect personnel from accidental death or injury, including mishaps which occur during recreational activities. This program is established to provide special emphasis and initiate procedures for inspections, use of personal protective equipment, education, record keeping and reporting.
- 18003. Scope. This guidance is applicable to:
 - a. Military personnel, at all times while on or off base.
- b. Military dependents while on government property and while off base, if participating in command-sponsored events.
- c. On-duty civilians participating in recreational or athletic activities during command-sponsored events, on or off base, or while on temporary additional duty orders.

18004. Responsibilities

- a. The Safety Manager shall administer the program in support of DOD policy as follows:
- (1) Administer the program and provide technical assistance to the command. Active participation will be solicited from individuals.
- (2) Review all mishap investigations to determine compliance with and adequacy of procedures, and to identify the underlying cause of any mishap. Ensure corrective action is taken to prevent recurrence.
- (3) Record and report mishaps as per reference (I) and analyze data at least annually to determine if additional action is warranted.
- (4) Attend Safety Policy Council meetings to identify, assess and recommend improvements for specific Recreation, Athletics and Home Safety (RAHS) problem areas when deemed necessary.
 - b. Department Heads shall:

- (1) Ensure seasonally appropriate hazard awareness and safety training is conducted to increase personnel awareness of specific hazards, personal protection requirements and procedures for protecting themselves in a recreational, athletic and home environment. Training will be done quarterly at a minimum. Document training and maintain records for two years.
- (2) Ensure that supervisors are fully aware of their responsibilities in the program.

c. Supervisors shall:

- (1) Conduct training in RAHS.
- (2) Ensure personnel follow the applicable provisions of this program in accordance with reference (h).
- (3) Ensure all mishaps are investigated and reported as per reference (g).
- (4) Ensure facilities and equipment used by personnel are safe.
 - (5) Ensure reporting and abatement of hazards.

d. All personnel shall:

- (1) Comply with all applicable provisions of the RAHS program.
 - (2) Report observed hazards.
- (3) Report personal injuries, illnesses or property damage on or off duty to their department head as soon after the occurrence as possible. This includes minor injuries when medical treatment is not sought. Department heads shall then submit a Supervisor's Mishap Report to the Safety Manager.

18005. Bicycles Locked To Railings/Stairs

- a. Railings, banisters, winders, risers, handrails and treads of stairs and stairways are part of the code (NFPA 101, Life Safety Code) defined Means of Egress. These areas are inspected for fire, I.G. and JACHO inspections. The code strictly regulates all details of these means including the intervening spaces and even the paint.
 - b. Nothing may be attached to or placed in these areas

without approval from the Authority Having Jurisdiction. Bicycles, may not be attached or stored in these areas without written approval of the MCAGCC Fire Department. Those wishing to apply, in writing, for this approval may contact the safety office for information on the procedures.

c. Until the Hospital Safety Office receives written approval for each bike locked to these unauthorized areas, all bikes will be locked to the bike rack by the Emergency Room or clinic area. Failure to secure a bike to a proper fixture in a proper location may result in the bike being removed and/or impounded.

SAFETY AND OCCUPATIONAL HEALTH SELF-INSPECTION CHECKLIST

- 19001. <u>Background</u>. Reference (g) contains instructions for safety inspections and oversight of all levels in the chain of command. The most important inspection efforts are those accomplished by occupants of the work sites and by first-line supervisory personnel. Inspections conducted locally provide continuity to the safety and health program and provide a demonstration of interest in the well-being of personnel.
- 19002. <u>Self-inspection checklist</u>. In order to assist personnel, who may not be familiar with the broad range of safety and occupational health regulations adopted by the Navy, a checklist has been prepared. This checklist incorporates all items in the Zone Inspection with those items in the Safety, Occupational Health, Preventive Medicine, Infection Control and Facilities. These checklists have been made departmentally specific as much as possible. The items on the checklist are not all-inclusive and department heads may find it appropriate to delete items or to add items to fit particular situations in their activities. Accordingly, revisions of the checklist is encouraged and is in keeping with the participatory nature of self-inspections.
- 19003. Responsibilities. The first-line supervisor or individual tasked with overall safety responsibilities within the activity; i.e., the Departmental Safety Representative should conduct monthly and quarterly activity inspections utilizing the checklists and maintain copies of the completed checklists for a period of three years. Checklists will be reviewed by the Safety Manager and Zone Inspectors during periodic Inspections, workplace visits and during formal annual activity inspections.
- 19004. Frequency of inspections. Inspections will be conducted monthly as a minimum. This does not relieve department heads of their responsibility to conduct daily workplace inspections to ensure a safe and healthful workplace for their personnel. It is understood that some equipment is inspected each time it is used.

19005. <u>Competencies</u>

- a. Each employee at the Naval Hospital should be able to name ten (10) items to be inspected in their department.
- b. Each employee should be able to demonstrate objective inspection technique.

MOTOR VEHICLE SAFETY/ACCIDENT PREVENTION

- 20001. <u>General</u>. The primary objective of the Motor Vehicle Accident Prevention Program is to conserve manpower and equipment through a comprehensive, effective and continuous Motor Vehicle Accident Prevention Program encompassing education, licensing, enforcement and engineering. The above elements of the MCAGCC Motor Vehicle Accident Prevention Program are accomplished through:
- a. The advice and assistance furnished by MCAGCC Safety/Safe Driving Council
 - b. Accident investigation and reporting
- c. Training, examining and licensing of motor vehicle operators
 - d. Traffic enforcement and deterrents
 - e. Safe driving awards and incentives
 - f. Special emphasis on the traffic safety program
 - g. Vehicle inspections and maintenance

20002. Responsibilities

- a. The MCAGCC Safety Manager is responsible for:
- (1) Advising the Safety Council on recommended course of action to improve the Motor Vehicle Accident Prevention Program.
- (2) Providing Driver Improvement, Motorcycle and Remedial Driver classes.
- (3) Compiling accident data reflecting trends, frequency and severity rates.
- (4) Preparing traffic safety articles for publishing in the Observation Post.
- (5) Developing special emphasis on traffic safety programs prior to extended liberties and leave periods.
- (6) Assisting unit safety officers with their organizational motor vehicle accident prevention program.

b. The Command Safety Manager is responsible for implementing the Hospital Motor Vehicle Accident Prevention Program.

20003. Government Motor Vehicle Accident Reporting

- a. All government motor vehicle accidents must be reported and investigated for the purpose of gathering information which can be analyzed with a view towards eliminating future hazards which contribute to vehicle accidents. In order to fully implement the motor vehicle safety program, the Safety Manager must be included in the routing of all government motor vehicle accident reports.
- b. When a government vehicle is involved in an accident onboard MCAGCC, the operator(s) of the vehicle(s) will notify the Military Police Desk Sergeant, who will direct Military Police to the scene for traffic control and accident investigation.
- c. When a government vehicle is involved in an accident, when not onboard a military installation, the operator(s) will notify the local authorities, the OOD and Head, Operating Management Department (during normal working hours). Head, Operating Management Department will obtain any necessary documentation and coordinate any required follow-up action.
- 20004. Private Motor Vehicle Accident Reporting (Onboard MCAGCC) Privately owned vehicles that are involved in a motor vehicle accident onboard MCAGCC will be reported by the operator, passenger(s) or witness(es), to the Military Police, who will conduct an investigation.
- 20005. <u>Listening Devices</u>. Warning! Use of portable headphones, earphones, or other listening devices while operating a motor vehicle or while jogging, walking, bicycling, or skating on roads and streets on naval installations is prohibited. This does not negate the requirement for wearing hearing protective equipment or listening devices where conditions dictate its use or when the equipment is being used for official Navy business.

20006. Special Requirements for Occupant Crash Protection

a. Government Vehicles

- (1) Government owned or leased vehicles must be equipped with safety belts.
 - (2) Safety belts must be readily available for driver

and passenger use and must be maintained in a serviceable condition.

- (3) All persons riding in or on a Navy motor vehicle on or off base are required to wear safety belts. Individuals can not ride in seating positions where safety belts have not been installed, have been removed or rendered inoperative.
- (4) Passengers cannot ride in the cargo areas of motor vehicles, except when the vehicle has been modified for such purpose. Modifications must meet Federal Motor Vehicle Safety Standards 208, 209 and 210.
- (5) All children under age four (4) or weighing less than forty (40) pounds must use an infant or child restraint device approved by the Department of Transportation while riding in a Navy motor vehicle equipped with safety belts.
- (6) Children under the age of twelve (12) years should not ride in the front passenger seat of a vehicle equipped with a pasenger-side air bag.
- (7) The driver or operator of any Navy motor vehicle is responsible for informing all passengers of applicable safety regulations. The senior occupant of the vehicle is responsible for compliance with these requirements.

b. Private Motor Vehicles

- (1) All persons driving or riding in a privately owned motor vehicle on base will wear safety belts.
- (2) Navy civilian personnel in a duty status and Navy Military personnel, whether in a duty status or not, will wear safety belts when driving or riding off base.
- (3) Individuals cannot ride in seating positions where safety belts have not been installed, have been removed or rendered inoperative.
- (4) Individuals cannot ride in the cargo areas of motor vehicles, except where the vehicle has been modified for such purposes. Vehicle modifications must meet the requirements of Federal Motor Vehicle Safety Standards 208, 209 and 210.
- (5) All children under the age of four (4) or weighing less than forty (40) pounds must use an infant or child restraint device approved by the Department of Transportation while riding in a private motor vehicle on base when the vehicle is equipped with safety belts.

- (6) Children under the age of twleve (12) should not ride in the front passenger seat of a vehicle equipped with a passenger-side air bag.
- (7) The driver of a private motor vehicle is responsible for informing all passengers of these safety requirements and for ensuring compliance.

c. Motorcycle Safety

- (1) Motorcycle operators and passengers must properly wear or use the following personal protective equipment:
- (a) A Department of Transportation approve protective helmet properly fastened under the chin.
- (b) Eye protective devices defined as impact or shatter resistant eyeglasses, goggles, or face shield attached to the helmet. A windshield or faring is not proper eye protection.
- (c) Long sleeved shirt or jacket, long-legged trousers and full-fingered leather or equivalent gloves.
 - (d) Hard-soled shoes with heels.
- (e) Yellow or orange vest, worn as an outer garment, with $1\,\%$ inch to 2 inch wide vertical or horizontal retroreflective stripes foot and back.
- (2) Motorcycles operated on base must have the headlight turned on.
- (3) Motorcycles cannot be operated on base without a rear-view mirror mounted on each side of the handlebars.
- (4) Anyone who operates a motorcycle on board must successfully complete the Navy Safety Center's Motorcycle Safety Course. Make arrangements to take the course through Marine Corps Air Ground Combat Center Safety Office. After successful completion of training, a decal and completion card will be issued.
- (5) Operators of privately owned motorcycles shall also be licensed by their current state.

20007. Speed Limit Aboard MCAGCC

a. The speed limits aboard MCAGCC are strictly enforced.

b. No person will drive a vehicle at such a slow speed to impede the normal movement of traffic, unless reduced speed is necessary for safe operation.

20008. Motor Vehicle Safety Training

- a. All military personnel under 26 must receive Driver's Improvement Training. This training is provided by MCAGCC Center Safety Staff. Education and Training Department will coordinated quotas with Center Safety for this training. Classes are held in building 1457.
- b. Motorcycle Training Class is required prior to registering a motorcycle aboard MCAGCC. MCAGCC Center Safety provides this training. Individuals must coordinate directly with Center Safety at extension 6154 or 7675. Classes are held in building 1457.
- c. Remedial Driving is required for all personnel directed to attend by the Traffic Judge or Commander. MCAGCC Center Safety provides this training at classroom 1457. Contact Center Safety at 7675 with an questions and specific information.

OFFICE SAFETY

21001. <u>Purpose</u>. To provide general requirements for safety precautions within office areas. This environment is common to all of us, but seldom considered hazardous. Safety, whether in a factory or in the office requires making the workplace safe. This means protecting the employee from injury and illness, as far as humanly possible. The principle causes of office on-the-job injuries are:

- a. Falls
- b. Handling materials or equipment
- c. Collisions with furniture or equipment
- d. Injuries from hand tools, such as pencils, staples, paper cutters, scissors and knives

21002. General Equipment

- a. Filing Cabinets. Overbalancing from various causes is the primary hazard in connection with the use of filing cabinets. The following precautions against overbalancing and other hazards should be taken:
- (1) Whenever practical, individual upright cabinets should be secured to prevent overbalancing.
- (2) Cabinets with projecting locking devices should not be aligned with cabinets without such devices. Such an arrangement increases the possibility of a worker striking a projecting corner or locking lever. The same hazard exists when the cabinets of unequal size are aligned. Cabinets of the same size and style should be aligned.
- (3) Open drawers. Never leave a file cabinet drawer open when it is not being used. Do not open more than one drawer of a file at a time, since cabinets easily overbalance. Use the handles when opening and closing the file drawers.

b. Desks

(1) When possible, containers shall be provided in which to keep sharp objects when not in use. Razor blades shall have the cutting edge covered when kept in a desk drawer.

- (2) Glass desk tops shall not be used. Tops made of acrylic plastic or safety glass may be used.
- (3) Pencil sharpeners and other equipment should not protrude from top edges of desks.
- (4) Desk drawers should never be left open. This will prevent a person from inadvertently striking or tumbling over them.
 - (5) Space heaters are not permitted.
- (6) Fire Doors shall never be blocked open! This action endangers the lives of your fellow workers.

c. Chairs

- (1) Personnel should exercise extreme caution when they sit in a tilted position in any chair. All of the chair feet shall be in contact with the floor. Swivel chairs may turn over if the occupant leans back too far.
- (2) Do not stand on chairs, tables, etc. to reach high objects. Use a stepstool or ladder.

21003. Miscellaneous Office Machines

- a. Before using any office machines, be sure they are properly secured and not in danger of falling.
- b. Never clean or lubricate electrical appliances when they are in operation. When cleaning electrical appliances which are controlled by a switch on the machine, be sure the switch is turned off and the plug pulled out.
- c. Do not touch any electrical connection with wet hands. Be sure that all electrical equipment is grounded.
- d. Protection should be provided against moving parts on addressographs, tabulating machines and other types of power driven office equipment.
- e. All electrical office machines, fixed or portable, shall be provided with three-wire (grounded) connecting cords. Underwriter Laboratory (UL) listed double insulated two-wire types excepted.

21004. Fans

- a. Each ventilating fan within seven feet of the floor or working platforms will be equipped with a wire mesh, fan blade guard with openings which will reject a ball one half inch in diameter.
- b. Electrical fans should not be placed on boxes, low tables, or in any other position where an individual might catch hands or clothes in the revolving blades.
- 21005. <u>Waste Baskets</u>. Personnel shall not put broken glass in waste baskets. It is suggested that this material be packed in heavy paper, marked "broken glass," and placed alongside the waste basket at the end of the day, so that the person removing the waste paper will not be cut accidentally.

21006. Ladders

- a. Small ladders and stands used in offices shall be equipped with treads or non-slip material and safety feet.
- b. Wooden ladders having broken or split side rails, or steps, shall be immediately removed from service.
- c. Ladders shall not be painted except with clear lacquer, shellac or varnish, so that defects may be easily seen.
- 21007. <u>Housekeeping</u>. Keep the floor clear of paper clips, pencils, bottle caps and like objects which can cause falls and damage vacuum cleaners.
- 21008. <u>Lifting</u>. All personnel engaged in the lifting of heavy material of any type shall be instructed by their department heads and shall carefully follow the proper method of lifting objects.
- a. Lifters should stand close to the load with feet solidly placed and slightly apart.
- b. With knees bent, individuals shall grasp the object firmly and then lift by straightening their legs, keeping their backs as nearly vertical as possible, with the load as close to their body as possible.

21009. <u>Holiday Decorations</u>

a. Policy. The Command policy for use of artificial trees and decorations is set forth herein and shall be adhered to by all personnel at this Command.

- (1) Decorations. All decorations shall be flame retardant.
- (2) Lights. Due to the need of energy conservation no decorative lights are to be brought in, used, or installed inside or outside, other than as specifically authorized by the Commanding Officer.
- (3) Dismantling. Artificial trees and decorations shall be dismantled in all spaces, decorations repacked in their carton and removed or appropriately stored not later than 05 January.
- (4) Safety Precautions. Many fires occur during the holiday season as a result of extra hazards which exist. Keep our hospital safe by complying with the following rules:
- (a) All decorations shall be flame-proof. If they do not carry the underwriter's label Flame-Proof, they shall not be used. Medical issue cotton shall not be used for decorating purposes.
- (b) Christmas wrappings shall not be allowed to accumulate and create fire hazards. All responsible individuals shall ensure their spaces are kept free of fire hazards.
- (c) Decorations shall not be placed on or near a sprinkler system or smoke detector and decorations shall not be placed near any electrical outlet, heating device, or other equipment which might create a fire hazard.
- (d) The Naval Hospital Fire Safety Officer shall inspect all wards and buildings during the Christmas season to ensure compliance with Holiday Fire Safety.
- (e) Decorations shall not be nailed or tacked to the walls. Masking tape (not cellophane or scotch tape) may not be used.
- (f) The use of medical supplies as decorations is prohibited.
- (g) Decorations shall not be used in lobbies, corridors or passage ways of buildings unless specifically sanctioned by the Commanding Officer.
- (5) All personnel of the Command shall comply with the provisions of this directive.

LASER SAFETY

- 22001. <u>Purpose</u>. To establish guidelines for the use of lasers within the hospital. Reference (m) provides guidelines for a laser safety program for medical facilities and requires the use of the "American National Standard for the Safe Use of Laser in Health Care Facilities" (ANZI Z136.3-1988). ANZI Z136.3-1988 recommends procedures for hazard evaluation, control measures, training programs and ancillary hazards evaluation.
- 22002. <u>Policy</u>. The hospital's policy is to maintain a laser safety program consistent with reference (m) and pertinent Navy Department directives. The laser safety program shall be implemented by following the guidelines in ANZI Z136.3-1988 with program review, coordination, and oversight by the Laser Use Committee (LUC) and the Laser Safety Officer (LSO). Standard Operating Procedures (SOPs) shall be developed and followed for each laser.
- 22003. <u>Responsibilities</u>. The following areas of responsibility are delineated:
- a. <u>Laser Use Committee</u>. Committee membership shall include: Chairman (Senior Medical Corps Officer), LSO (Industrial Hygienist or Radiation Safety Officer), Nurse Corps officer from Nursing Service, representatives from Surgical Services, Medical Repair Division, and others as recommended by the Committee. The committee is responsible to the Commanding Officer for ensuring that a comprehensive Laser Safety Program is conducted at the hospital. Specific responsibilities include:
- (1) Meeting quarterly to review the Command Laser Safety Program and taking action, as necessary, to ensure compliance with reference (m).
- (2) Recommending approval criteria for physicians who use lasers for patient treatment.
- (3) Reporting to the Safety Committee quarterly or anytime there is an incident.
- b. <u>Laser Safety Officer</u>. Normally, the Industrial Hygienist, Safety Manager, Radiation Safety Officer or other trained Officer is designated as the LSO. The LSO must be designated in writing by the Commanding Officer. The LSO has the primary responsibility for implementing the Laser Safety Program. Specific responsibilities of the LSO shall be:

- (1) Maintaining documentation sufficient to demonstrate hospital compliance with reference (m), inspecting workcenters to ensure proper procedures are followed, and approving laser operators (other than physicians who are credentialed to use lasers for patient treatment).
- (2) Coordinating laser safety training and medical surveillance examinations for the hospital staff.
- (3) Keeping the LUC informed on the status of the Command's Laser Safety Program.
- (4) LSO shall complete and maintain laser safety training. Per reference (g), the LSO shall receive laser safety training by successfully completing the Laser Safety course (ST-460) at the Naval Safety School. Equivalent training may be approved by COMSPAWARSYSCOM (SPAWAR 223-2). Refresher training shall be obtained if technical training is not used within one year of attending the Laser Safety course.
- c. <u>Executive Committee of the Medical Staff (ECOMS)</u>. The committee is responsible for credentialing physicians who use lasers for patient treatment under the criteria recommended by the LUC.
- d. <u>Chairman/Department Heads</u>. Are responsible to ensure that lasers under their purview are used in accordance with reference (m). Specific responsibilities shall include:
- (1) Ensuring standard operating procedures (SOPs) for each laser within the department have been developed and approved by the LSO prior to laser use, and the SOPs are followed.
- (2) Ensuring only qualified staff use or support laser use. Qualifications include approval by the ECOMS for physicians who use lasers for patient treatment, approval by the LSO for laser operators, completion of triennial medical surveillance examinations, and attending annual medical laser safety training.
- e. <u>Laser Supervisors</u>. Are responsible to their Department Heads. Their responsibilities shall include:
 - (1) Preparing SOP for approval by the LSO.
- (2) Monitoring routine laser use in the department or work center to insure control measures in the SOP are followed.
- (3) Coordinating with the LSO for medical surveillance examinations and annual medical laser safety training.

f. <u>Health Care Professionals (HCPs)</u>. Include those physicians who use lasers for patient treatment, authorized laser operators, and health care/technical support staff. Patient treatment physicians are subdivided into those who are fully credentialed and those who are not credentialed but are authorized for supervised patient treatment by their department head. HCPs are responsible for following the appropriate SOP, completing their triennial medical surveillance examinations, and attending annual medical laser safety training.

22004. Action

- a. The LUC and the LSO shall ensure the requirements of reference (m) and this chapter are followed.
- b. Chairman/Heads of Departments shall ensure the use of medical lasers under their purview are in accordance with reference (m) and shall further ensure the SOP and guidelines established by the LUC and LSO are followed.
- c. HCPs shall follow the appropriate approved SOP for laser use, complete their triennial medical surveillance examinations, and attend annual medical laser safety training.

ERGONOMICS PROGRAM

- 23001. <u>Purpose</u>. To reduce and control stress and strain that can cause cumulative trauma disorders (CTD), health disorders arising from repeated bio-mechanical stress. Requirements of this chapter may affect conditions of employment for civilian employees.
- 23002. <u>Background</u>. Ergonomic hazards are work place conditions that may pose a bio-mechanical stress to a worker's body as a consequence of posture and force requirements, work/rest regimens, repetition rate or other similar factors. This program seeks to reduce and prevent injuries and illness by applying ergonomic principles to identify, evaluate, reduce and control ergonomic hazards. Examples of ergonomic hazards include tasks involving one or more of the following:
 - (1) Repetitive and prolonged static activities
 - (2) Forceful exertions
 - (3) Awkward postures
 - (4) Excessive vibration from power tools or vehicles
 - (5) Work stations lacking adjustability
- (6) Physiological stress induced by environmental extremes, shift work and extended work schedules. The current history at Naval Hospital Twentynine Palms indicates a trend similar to other health care facilities; most ergonomic related injuries are related to prolonged use of Video Display Terminals (VDT) or lifting/pulling/pushing exertions.

23003. Responsibilities

- a. The Safety Manager, Occupational Health Nurse and Industrial Hygienist will conduct an annual work site analysis to include injury and illness experiences (injury/illness logs) and compensation records. Analysis must include and identify any cumulative trauma disorder (CTD) experiences and other ergonomic hazards. Departments or operations experiencing CTD cases will be targeted for training, medical surveillance, and engineering controls studies to eliminate hazards. In addition, analysis will identify:
 - (1) Body part involved

- (2) Nature of injury/illness
- (3) Time of day symptoms developed
- (4) Frequency
- (5) Severity
- (6) Physical location
- (7) Description of job(s)
- (8) Cost of CTD cases

Appendix 23-A of OPNAVINST 5100.23D (reference (g)) for industrial shops and NH29PALMS Form 5100/15 (10/96), will be utilized as a tool for conducting work site survey/analysis.

- b. Department Heads shall ensure, during the planning phase, that all facility modifications and space configuration changes, processes, materials, and equipment purchases shall be reviewed by the Command Safety Office. All purchases are to be analyzed to identify opportunities to eliminate or reduce ergonomic hazards. Department Heads shall insure that NH29PALMS Form 5100/15 (10/96) is completed by all new employees, all employees bi-annually, employees moved or transferred to a new area or workstation and employees or department heads wishing to identify a new or unresolved problem. Forms identifying problems shall become part of the employee's medical record.
- c. The Safety Committee will review ergonomic problem areas and recommend corrective action to management and refer issues as necessary.
 - d. Management/Supervisor:
- (1) Shall enforce the rules for safe work practices, ensure that employees reporting to them receive appropriate training and medical surveillance.
- (2) Ensure employees practice appropriate work methods and where heavy objects must be handled that the action limit is calculated to specify the maximum lift an unassisted individual should attempt. Many lifting operations may require assistance of other personnel or the use of mechanical handling equipment.
- (3) Implement engineering, work practice and/or administrative changes to reduce ergonomic stressors and initiate appropriate abatement action.

- (4) Do not select new/transfer employees with a history of ergonomic problems for positions with similar activities which will knowingly aggravate these pre-existing conditions. Insure that HRO has an accurate work stressors listing.
- e. Employee. The employee will ensure that appropriate work methods are practiced, including reporting to the supervisor or the Safety Office the identification of existing and/or potential hazards. Use NH29PALMS Form 5100/15 to assist in the identification of problems. Aids by providing recommendations for corrective action and training.
- 23004. Training. Initial, annual and when any changes are introduced. Annual training shall be conducted for managers, supervisors, professional staff and employees, as appropriate. Training shall include techniques to reinforce essential steps to prevent CTD; ergonomics concepts, identification, as a technique; proper tools, equipment and maintenance of facilities, biomechanical anatomy and physiology, and weight control. Affected work sites training requirements for managers, supervisors and affected employees shall be determined based on the results of the work site analysis. Training for individuals with CTD problems shall be provided, to the extent possible, to include health education and lifestyle modification information, e.g. diet, exercise, back care, stress management, physical fitness etc.
- a. <u>Managers</u>. Shall receive sufficient ergonomic training to carry out their responsibilities for health and safety of their employees to reinforce the ergonomic program.
- b. <u>Supervisors</u>. Shall receive specialized training in Back Injury Prevention, physical fitness, health education, lifestyle modification and sufficient ergonomic training to recognize hazardous work practices and symptoms of CTD.
- c. <u>Employees</u>. Employees potentially exposed to ergonomic hazards shall be given formal instruction describing all hazards associated with their jobs and with their equipment. They shall be instructed in the varieties of CTD, the means of prevention, causes, early symptoms and treatment of CTDs. Training shall include back injury prevention and physical fitness.
- d. <u>Occupational Health and Safety Professionals</u>. Safety and Industrial Hygiene personnel responsible for conducting the ergonomic program or screening surveys shall receive formal training on recognition of ergonomic hazards.
- 23005. Medical Program. Conduct employee medical pre-placement

examinations, medical monitoring of individuals judged at risk and facilitate rehabilitation of individuals with CTD.

Occupational Health care providers shall conduct work place visits to obtain knowledge of operations, work practices, and light-duty jobs.

- a. Pre-placement examinations. Ensures personnel meet the physical requirements for the position in which they are placed.
- b. Periodical medical evaluations. Personnel who occupy a position with physical or medical standard, physical requirements, or personnel who are under a medical surveillance program and whenever there is a direct question about a person's continued capacity to meet physical or medical requirement of the position shall have periodic medical evaluations.
- 23005. <u>INITIAL ASSESSMENT</u>. Initial work place assessment shall be accomplished by the employee, supervisor and Department Head using Appendix 23-A of OPNAVINST 5100.23D reference (g) for industrial shops and NH29PALMS Form 5100/15 (10/96) for office areas. These forms will be used as the tool for conducting initial work site surveys. The instructions for completing 5100/15 follow:
- a. NH29PALMS Form 5100/15 (10/96) is available through central files normal procurement procedures or on the NAVHOSP computer net in the safety public files under forms.
- b. If the Employee does not use a VDT for at least one (1) hour a day, for most of the days of the week, it will be at the discretion of the department head as to whether the employee is required to complete the entire 5100/15 form.

The initial hospital-wide assessment requires that all office workers complete the 5100/15 at least once in their career at Naval Hospital 29 Palms; therefore, if the employee has never completed this form before, and does not use a VDT, have them fill in the top two lines only and circle (do not). If the employee uses a VDT or wishes to complete the entire form to identify problem areas, they shall be permitted to do so. Please do not forget the VDT bar code number on the white sticker bar code (located on the CPU) and the hospital room number of the work station. The department may assign a Preparer to complete all the 5100/15 forms for the department. The Preparer must actually sit at the work station and interview the employee.

c. CHECKLIST: The next section of the form contains twenty (20) yes/no questions. Questions should be checked Yes or No. Comments should be left for the comments section.

The No answers are assigned one (1) point and the points are added to give a total score, which is entered on the line next to the word TOTAL.

- d. COMMENTS: Provision is made for both the work station operator and the Preparer to make comments they should care to make, relevant to the VDT work station. Employees should be encouraged to provide comments to verify, expand and personalize their input.
- e. EVALUATION: When a group of workstations are evaluated by the same evaluator, the higher scores should indicate which workstations are more likely to cause ergonomic stress. A score of zero is a goal, but it is not necessary for each workstation to achieve a perfect score on this checklist. Common sense and personal preference should be used to determine whether modifications to workstations are necessary, reasonable and feasible.
- f. DEPARTMENTAL SECTION: It is the responsibility of the department head to insure that this section signed. Departmental Section identifies deficiencies and requests assistance from support elements within the hospital.
- g. ASSISTANCE REQUESTS: The department head checks the line corresponding to the line which best provides the employee with the assistance required to correct the problems at the work station. A copy of the 5100/15 is then forwarded to the tasked support element where it will be treated as a work request. The original is sent to the Safety Office for follow-up. Completed 5100/15 Forms are retained in the employees Occ. Hlth. Record.
- (1) (FACILITIES MAINT) The work station, desk, lighting, chair or keyboard drawer requires adjustment or repair and the department head requests that the facilities department make the appropriate repairs.
- (2) (INDUSTRIAL HYGIENE) The work station is a problem, cause unknown; request IH help to determine what the problem might be.
 - (3) (SAFETY) The workstation is unsafe or causing

injury to an employee. It may need to be closed or an injury report and investigation begun.

- (4) (MANAGEMENT INFORMATION DIVISION) The VDT, computer, terminal, key board or software is not adjusted or working properly; request MID assistance to rectify problem.
- (5) (OCCUPATIONAL HEALTH) The employee requires ergonomics training to use the workstation properly; request OCC Health provide the needed training.
- (6) (NONE) There are no problems at this workstation that we can't fix within the department because we're the best department in the hospital.

The DEPARTMENT HEAD shall sign and date all forms.

h. FORM UTILIZATION: NH29PALMS FORM 5100/15 (10/96) is to be completed by all new employees, all employees bi-annually, employees moved or transferred to a new area or work station and employees wishing to identify a new problem.

RETURN ALL ORIGINAL FORMS TO SAFETY DEPARTMENT -- SEND COPIES TO SUPPORT DEPARTMENTS AS ASSISTANCE REQUESTS -- KEEP A COPY OF ASSISTANCE REQUESTS IN YOUR DEPARTMENTAL FILES

CONFINED SPACE ENTRY

- 24001. <u>Policy</u>. The hazards encountered and associated when entering and working in confined spaces can cause bodily injury, illness, or death to the worker. Accidents occur because workers fail to recognize that a confined space is a potential hazard; therefore, when entering a confined space consider that the most unfavorable situation exists. To prevent unauthorized entry and danger of explosion, poisoning and asphyxiation no individual shall enter a space and perform work without an entry permit.
- 24002. <u>Background</u>. To implement Department of Navy policy regarding confined space entry involving entry into or work in, on, or adjacent to confined or enclosed spaces. Such spaces include storage tanks, process vessels, pits, vats, boilers, fuel cells, sewers, underground utility vaults, tunnels, and manholes. A variety of hazards may be encountered:
- a. Spaces not designed for routine occupancy, but large enough and so configured that an employee can enter to perform work
 - b. Poor ventilation
- c. Spaces with limited or restricted means for entry and exit
 - d. Spaces which contain potential and/or known hazards
 - e. Lack of sufficient oxygen to support life
- f. Excessive oxygen which increases the danger of fire or explosion
- g. Presence of flammable or explosive atmospheres or materials
- 24003. <u>Identification and Entry Authorization</u>
- a. Naval Hospital Twentynine Palms identified confined spaces are:
 - -Plenum Spaces -Potable Water Tank -Underground Fuel Cells -Four Main Air Handler Spaces
- b. The host command, Marine Corps Air Ground Combat Center's (MCAGCC) appointed Gas Free Engineer will authorize all confined

space entry at Naval Hospital Twentynine Palms. Procedures outlined in reference (g) and Combat Center Order P5100.15E. will be followed during all confined space entry operations.

24004. Responsibilities

- a. Supervisors shall brief all assigned employees as to the restrictions regarding confined space entry. Notify the Safety Manager or Industrial Hygienist, 24 hours in advance, with a written request for entry authorization. Notification must include point of contact, space identification and work to be performed.
- b. Safety Manager and Industrial Hygienist will coordinate confined space entry authorization with the MCAGCC Center Safety Gas Free Engineer.
- c. MCAGCC Center Safety Gas Free Engineer must authorize all confined space entry and provide an entry permit. Entry permit will be authorized only after all appropriate surveys have been conducted and required specific work conditions have been met, such as machinery and electrical devices that may require an energy isolation (lockout/tagout procedures), etc.

INPATIENT/OUTPATIENT SAFETY

- 25001. <u>Purpose</u>. To establish safe practices and procedures for areas providing inpatient and outpatient care. In addition, to establish guidelines for hazard control inspection of equipment, facilities and utilities directly concerned with patient care
- 25002. <u>Background</u>. Chapter 12 details safe practices in the storage, handling and use of cylinders of compressed medical gas. Chapter 8 establishes a uniform procedure for reporting accidents/incidents. Chapter 11 establishes policy and guidance on the use, testing and inspection of privately owned electrical items and Chapter 17 establishes fire prevention regulations and personal evacuation plans. The aforementioned chapters should be used in conjunction with and be considered an integral part of this chapter.
- 25003. <u>Objective</u>. Policy and procedures herein shall serve as a guide in safeguarding patients, staff and visitors from harm and/or injury and reducing property damage.
- a. Falls. Falling is the primary cause of injury to patients. Included are falls from beds and falls while attempting to leave or enter beds; slipping on wet decks or objects underfoot; tripping on irregular surfaces, electric cords, clothes hangers, etc.; and falls from wheelchairs, geriatric chairs and other mobile equipment. In addition, many patient falls are related to the fact that call lights are not answered promptly. Every effort should be made to ensure call lights are answered promptly as possible.
- (1) <u>Orientation.</u> The first measure to be taken in the prevention of falls, and an important measure in preventing other patient injuries, is the orientation of new patients:
- (a) Instruction in the use of patient's or bedside assistance call system.
- (b) The reason for bed rails and the danger of falling out of bed because of overreaching or sitting up while in a weakened condition.
 - (c) The use and hazards of using footstools.
- (d) The precautionary use of safety rails and/or grab bars in showers, bathtubs and commodes.

(2) <u>Patients at risk</u>. Bedside articles should be positioned close to patients so they can reach them without risking a fall. When patient's care permits, adjustable beds with half-bed rails in place should be adjusted to their lowest position. Lowered beds will lessen the probability of injury should the patient attempt to get up and fall. Unless directed otherwise, rails should be required on all beds and should be used for sedated, unconscious, or disoriented patients.

(3) <u>Ambulatory Patients</u>.

- (a) All areas in which patients may walk should be free of obstructions (footstools, cabinet drawers and doors) and slippery decks. Shower stalls, bathtubs and commode stalls should be equipped with rails or grab-bars to steady patients.
- (b) Falls can also be prevented by ensuring that patients use safe footwear, such as shoes or sturdy, well fitting slippers.
- (c) Unsteady patients should not be allowed to use crutches or similar devices unattended. In addition, unsteady patients in wheelchairs should be properly supported and secured and those requiring a gurney should be restrained by straps and side rails. Attendants pushing patients on gurneys or wheelchairs shall pace themselves at the patient's head, keeping to the right of center through corridors. When moving a patient in an elevator, the attendant precedes the patient.
- (d) Before patients are allowed to use wheelchairs alone, they shall be taught how to lock the wheels and shift their weight in order to safely enter and leave the chairs.
- (e) When a patient is being lifted or moved by attendants, adequate assistance shall be used to ensure safe handling of the patient. Precautions must be taken to make certain that tubes, catheters or other lines attached to the patient are not disturbed.
- b. <u>Medication</u>. Medication errors result from numerous causes, but they can be prevented by training and strict adherence to procedures. Following these five rules will help to ensure the safe administration of medication:
- (1) <u>Right Patient</u>. Confirm the name of the patient on the bed tag, check the identification bracelet, ask the patient's name and compare with the medication order at each point.
 - (2) Right Medication. Read the medicine label in good

light. Be positive it matches the medication order. Read it again before measuring and again after pouring the medication. Keep all medication in the original container.

- (3) <u>Right Dosage</u>. Carefully read the medication order, measure the dose carefully and follow directions on the label. Pour liquids with the label up to keep medicine from obscuring the label.
- (4) <u>Right Time</u>. Be sure the time is as prescribed by the medication order.
 - (5) Right Route. Correct method of administration.
- c. <u>Medical, Supplies and Narcotics</u>. Keep medication supplies out of patient's reach in locked cabinet. Keep narcotics separate from other medications and under separate lock and key.
- d. <u>Intravenous Procedures</u>. Intravenous administration requires close supervision. The IV pole should be stable, placed or fastened so that it cannot fall. The procedure should be explained to the patient. The IV site should be inspected frequently to ensure correct needle/catheter position and rate of flow while watching for infiltration, leaks or blockage, in addition to symptoms/signs of infection. The IV pole should be positioned so that the bag/bottle will not hit the patient in the face if the bag/bottle should be defective. When moving a patient receiving intravenous fluids, be certain that the top of the IV pole will pass through door openings.
- e. <u>Sharp Objects</u>. Use care in handling objects such as syringes, needles, ampules, razor blades, pins, etc. Be sure safety pins are always closed. Put sharp objects down in a secure place. Be sure such objects are not left in soiled linen and bed clothing. Discard all such objects in the appropriate sharps containers. They must not be tossed indiscriminately into the trash.
 - f. Burns. Burns are a frequent source of patient injuries.
- (1) <u>Smoking</u>. Smoking is prohibited within all interior areas of the Command. Smoking is permitted in designated outdoor areas only.
- (2) <u>Heating Devices</u>. Lamps and heaters are not allowed in patient care areas unless specifically ordered by the medical officer for therapy. If used for therapy they must be kept a safe distance (18 inches) from the patient. Lamp bulbs must not

be larger than 40 watts. Patients should be told to notify ward personnel if they feel too much heat. Goose neck lamps are not allowed.

- (3) <u>Hot Food</u>. Be sure that foods, especially beverages, are not hot enough to burn the patient when served. Remember that children are more sensitive than adults to hot soups and beverages.
- (4) <u>Flammable and Combustibles</u>. Flammable and combustible liquids should be used sparingly near patients and never used in the presence of oxygen or open flame. Quantities of flammable liquids should be kept to the minimum necessary in patient care areas. Keep them in non-glass (metal or plastic) containers when the purpose of use will permit.
- (5) Oxygen. All potential sources of ignition must be kept away from the oxygen use area. Whenever oxygen is used for therapy, stringent measures must be kept to keep combustibles in the unit and at the patient's bedside to the minimum. Rubbing alcohol, oil, lotions, salve or other volatile greasy or oily substance should not be used on patients who are receiving or are about to receive oxygen therapy. Use only cotton blankets to cover a patient receiving oxygen therapy. Do not use nylon or other synthetic fibers on patients receiving oxygen therapy. If oxygen is delivered via portable cylinder, be sure cylinder contents are identified as medical oxygen before administering. Always crack the tank valve outside the patient care area.
- g. <u>Food Serving</u>. Be certain of the patient's identity before serving food. Also, see that patients are in a safe comfortable position before mealtime trays are served. Assure that the right patients gets the right meal at the right time.
- h. <u>Electric Shock Hazards</u>. Body fluids are good conductors of electric current; clean, dry skin is not. Therefore, the body's first and best line of defense against electric shock is clean, dry skin. If the skin is broken or penetrated or in contact with an electrode, the shock potential is increased many fold. The shock hazard depends on the path of current flow, the voltage and the conductivity or resistance to the flow of the current.
- (1) <u>Inspection</u>. Electrical and electronic equipment and appliances must be inspected for safety features and proper functioning prior to initial acceptance and after any repair.
- (2) <u>Preventive Maintenance</u>. Electric and electronic equipment and appliances must be inspected regularly and repaired

as necessary to ensure safety. Electrical outlets must be included in this preventive maintenance program. Adequate contact, safe insulation, correct polarity and safety grounds must be ensured.

- (3) <u>Visual, User Inspection</u>. Users of electric and electronic equipment and appliances should learn to recognize the more common overt defects and take defective items out of service until they are repaired.
- (4) <u>Patient</u>. Use of patient-owned electrical devices is prohibited. An exception for approval may be granted, by Nursing Department, through the Charge Nurse, on a case by case basis, for therapeutic purposes only, after security, safety and electrical approvals have been met. Approval of exceptions must be charted in the patient's inpatient medical record.

i. Children

- (1) Toys. Toys for small children shall:
 - (a) Be too large for them to swallow.
- (b) Be free of detachable parts that could lodge in windpipe, ears or nostrils.
- (c) Not be apt to break easily into small pieces or leave jagged edges.
 - (d) Be free of sharp edges or points.
- (e) Be assembled in such a manner to eliminate exposed pins, sharp wires, nails, etc.
 - (f) Not be made of glass or brittle plastic.
 - (g) Be unpainted if likely to be put in the mouth.
 - (h) Be free of parts which can pinch fingers or toes.
 - (i) Be free of cords or strings.
 - (j) Be washable and sanitized as required.

(2) <u>General</u>

(a) Electrical outlets shall have tamper proof covers.

- (b) Fans are prohibited.
- (c) Windows must not be accessible.
- (d) Cabinet latches should be above the reach of small children.
- (e) Cabinet doors and drawers provided with child proof safety latches.
- (f) Cleaning and antiseptic materials must be kept secure and out of the reach of children.
- (g) Sharps containers shall be located in an area not accessible to children.

j. <u>Maintenance and Construction</u>

- (1) <u>Patient Areas</u>. Work to be done in patient areas must be previously coordinated with personnel in charge of the area. Corridors, halls and passageways must be kept safe underfoot. Sharp edges, projecting nails, electrical cable, etc., must not expose patients and staff personnel to injuries. Unattended openings in walls, floors and ceilings must have protective covers. The use of power tools and cords must be carefully supervised to prevent hazard to patients, staff and visitors.
- (2) <u>Utilities</u>. Electrical, medical gas and vacuum services must not be interrupted or changed without prior notification of personnel in affected areas. Such actions could otherwise be fatal to patients who are dependent on life support systems.
- k. <u>Sterilizers</u>. Be sure that the pressure in autoclaves has dropped to zero before the door is opened. Do not force the door open. When the load being sterilized includes bottles or other containers that could burst, fast exhaust must not be used. Protect the face behind the autoclave door when it is opened to avoid steam burns and possible injury from broken stoppered glass vials and other glassware.

1. Compressed Gases

(1) <u>General</u>. Gases of any type shall not be mixed with other gases in any gas cylinder. Cylinders shall not be dropped, dragged or rolled. Gas cylinders shall be secured in place so they will not fall or be easily knocked over. Cylinders shall be

protected from abnormal mechanical shock which is liable to damage the cylinder, valve or safety device. They must be strapped, chained or supported in a cylinder stand or cart. Cylinders shall be chained, strapped or otherwise securely fastened to substantial fixed objects or partitions and away from heat sources such as radiators, steam pipes or heat ducts.

(2) Oxygen Equipment

- (a) <u>Combustible Material</u>. Oxygen regulators, fittings, gases, cylinder valves or other apparatus for using oxygen shall be kept free of oil, grease, paint or other such material. When not in use, these items of equipment should be stored in a manner that will preclude their being contaminated with such materials. Even a piece of lint, cotton or other combustible material in these devices can cause an explosion when they are pressurized with oxygen.
- (b) <u>Defective Equipment</u>. Defective equipment (gauges, cylinder valves, regulators, fittings, etc.) shall be put aside, not used and appropriately surveyed or repaired. A red tag shall be tied to the defective item noting the date and the defect. Such defective equipment shall not be used nor the tag removed until it is repaired or examined by a competent person. If competent in house repairs cannot be made, such equipment shall be repaired by the manufacturer or authorized agent, or it shall be replaced.
- (c) <u>Uses</u>. Particles of dust and dirt shall be cleared from cylinder valve openings by slightly opening and closing the valve before attaching any fitting to the valve opening. Oxygen shall always be dispensed from cylinder valve through a pressure regulator. The valve on the oxygen cylinder shall be in the open position before bringing the apparatus to the patient. The cylinder valve shall be opened slowly with the face of the pressured gauge on the regulator pointed away from any person. Oxygen fittings, valves and gauges shall be used exclusively for oxygen. No other gas shall be entered into an oxygen cylinder. Highly combustible materials shall not be permitted at the site of oxygen use. Great care shall be exercised while using oxygen to prevent contact of oxygen under pressure (or flowing) with oils, greases, organic lubricants, cosmetic oils, hair dressing, rubber or other materials of an organic nature. Combustible materials, such as paper, cardboard, wood and fibers, shall not be stored, allowed to accumulate, or be kept near cylinders containing oxygen or nitrous oxide. exception may be made in the case of cylinder shipping crates or cartons). An oxygen cylinder shall not be draped with any

materials such as hospital gowns, masks or caps. Ward/Clinic storage of portable cylinder: store upright in metal rack; separate empty/full tanks and label as such. Refer to chapter 12 for additional guidance in handling, connecting, storage and use of compressed medical gas cylinders.

- m. <u>Accident/Incident Reporting</u>. Accidents/Incidents shall be reported in accordance with the procedures established in chapter 8 of this manual.
- n. <u>Self Safety Inspection of Inpatient Wards</u>. Charge Nurses and Inspecting Officers will insure that periodic informal inspections will be performed on each ward for the purposes of identifying and correcting unsafe conditions and practices. Suggested inspection guide for patient care area is the Zone Inspection.
- o. <u>Safety From Fire</u>. For procedures and regulations concerning life safety from fire and internal disaster and evacuation, refer to Chapter 17.

CHAPTER 26

HELICOPTER LANDING PAD LANDING/LAUNCHING HELICOPTERS

26001. Purpose

- a. To establish procedures for landing and launching helicopters DAY or NIGHT at Naval Hospital Twentynine Palms (NHTP).
- b. To delineate responsibilities for the inspection, maintenance and repair of the Helicopter Landing Pad and to outline duties of concerned personnel and departments. Safety is essential in aircraft operations. Deviation from these standards could cause drastic consequences and will not be tolerated.
- 26002. <u>Policy</u>. The landing and launching of helicopters at this Command shall be in strict accordance with OPNAV 3750.6Q, the technical manuals in the NAVAIR 51-50AAA series, and the following procedures.
- a. <u>Landing Area</u>. The designated landing area for a helicopter at NHTP shall be the Helicopter Landing Pad located at the east end of the south parking area near the main hospital entrance on Sturgis Road. The approach and departure lanes parallel Sturgis Road.
- b. <u>Lighting</u>. There are five (5) types of lighting deployed at the NHTP Helicopter Landing Pad for night and low visibility operations (NALVO). No lighting is required for daylight and normal visibility flight operations.
- (1) Aviation Obstruction Lights. These are the RED lights around the outer square of the Helicopter Landing Pad and the obstructions around the Helicopter Landing Pad. They are 6.6A Watts, Type L-861, omnidirectional elevated above the pad, on utility/telephone poles, wires and the hills around the Helicopter landing pad. There are many of these lights. A few are operated by the photocell on the Helicopter Landing Pad, with the remainder under the control of base Facilities Maintenance Department. All should be working properly. Report any broken or burned-out lights to NHTP Facilities Maintenance Department.
- (2) <u>Helicopter Landing Pad Perimeter Lights</u>. These are the 16 AVIATION YELLOW lights around the center square of the Helicopter Landing Pad. They are 6.6A, Type L-861, omnidirectional elevated fourteen (14) inches above the pad. A minimum of 50% are recommended for safe NALVO operations (See NAVAIR 51-50AAA-2 wp 007 02). Report any broken or burned-out lights to Facilities Maintenance Department.

NAVHOSP29PALMSINST 5100.1D CH-1 26 August 1997

- (3) Landing Direction and Approach Lights. These are the 12 AVIATION YELLOW lights around the center square of the Helicopter Landing Pad. They are 6.6A Watts, Type L-861, omnidirectional elevated fourteen (14) inches above the ground. There are six (6) lights on each side of the Helicopter Landing Pad oriented on a 220 vs. 140 azimuth (roughly a north/south orientation). The first light being twenty-five (25) feet from the center line of the Helicopter Landing Pad aligned with the centerline of the pad. A minimum of 50% are recommended for safe NALVO operations (See NAVAIR 51-50AAA-2 WP007 03). Report any broken or burned-out lights to NHTP Facilities Maintenance Department.
- (4) <u>Helicopter Landing Pad Floodlighting</u>. All Helicopter landing Pad floodlighting is optional and not required for operations (See NAVAIR 51-50AAA-2 WP007 06). Report any broken or burned-out lights to Facilities Maintenance Department.
- (5) <u>Wind Direction Indicator</u>. This is a mandatory piece of equipment. The windsock must be free to rotate, inflate and must be lighted (See NAVAIR 51-50AAA-2 WP007 06). Report any broken or burned-out equipment to Facilities Maintenance Department.
- c. <u>Restrictions</u>. The Helicopter Landing Pad is open to all traffic for Emergency delivery or pick-up of personnel per OPNAVINST 3750.6Q. Every effort shall be made, by Range Control (BEARMAT) and the Officer of the Day (OOD), to divert incoming helicopters whose mission does not involve the delivery or pick-up of a patient in need of emergency medical care.
- (1) All personnel located on the Helicopter Landing Pad during an actual landing or launching of aircraft shall wear a cranial helmet and shatterproof goggles.
- (2) No loose objects, no covers, pens, combs or other objects that can be picked up by the rotor blade shall be in personal possession at the Helicopter Landing Pad.
- (3) No smoking within 50 feet of the Helicopter Landing Pad.
- (4) The Helicopter Landing Pad shall be used for helicopter landings and takeoffs ONLY.
- (5) Unauthorized personnel are not authorized on the Helicopter Landing Pad or its access road at any time.

- (6) Personnel shall not approach the helicopter while the rotors are turning/engaged without the consent of the pilot (civilian and military aircraft) and crew chief (military aircraft); and then only, FROM THE FRONT SIDE, with the utmost caution, constantly maintaining eye contact with the aircraft crew. Particular caution shall be exercised at the tail section of the aircraft in the area of the tail rotor.
- 26003. Responsibilities. Any person receiving notification that a helicopter is about to land, landing or scheduled to land at this command's Helicopter Landing Pad shall be held accountable for IMMEDIATELY notifying the quarterdeck. The quarterdeck staff shall ensure that flight information is passed to the OOD. The quarterdeck staff shall notify Emergency Medicine Department (EMD) staff, Provost Marshal's Office (PMO), and the MCAGCC Fire Department.

a. <u>Head</u>, <u>Emergency Medicine Department (EMD)</u>

- (1) Maintain an adequate supply of Navy cranial helmets (ANSI Z89.1-1989, class B) or hard hats with chin straps (ANSI Z87.1-1989, selection chart type G, H, K for dust) and approved shatterproof goggles for all NHTP occupants of the Helicopter Landing Pad, but never less than three of each.
- (2) Dispatch an ambulance, driver and an emergency medical technician (EMT) or corpsman for patient care. Once on the scene, and if time permits prior to the helicopter landing or launching, the ambulance crew shall ensure that all debris has been cleared off the Helicopter Landing Pad. This Foreign Object Debris (FOD) walkdown is critical to safe aircraft operations. Failure to secure debris could kill the patient, the ambulance crew and/or the helicopter crew.
- (3) At the discretion of the EMD medical officer, either a physician and/or nurse may be sent to the pad for assistance in patient care.
- b. <u>MCAGCC Fire Department</u> shall, upon prior notification by BEARMAT or the Naval Hospital, provide fire protection for flight operations.
- c. <u>Provost Marshal's Office (Security)</u> shall provide traffic control of vehicles/personnel. PMO shall maintain general order and ensure the ambulance proceeds unimpeded to or from the EMD.
- d. <u>NHTP OOD Senior Watchstander</u> shall ensure all new OODs read and sign acknowledgment of this Chapter before assuming the duties of OOD.

NAVHOSP29PALMSINST 5100.1D CH-1 26 August 1997

e. NHTP OOD

- (1) At the time designated in the OOD check off list, usually upon assuming the watch and at dark, the duty crew shall:
- (a) Check red switch and red light in the EMD to ensure that this switch turns on the Helicopter Landing Pad Perimeter Lights and Landing Direction Lights (ORANGE).
- (b) Ensure that all debris has been cleared off the heliport by conducting a FOD walkdown of the Helicopter Landing Pad.
- (c) Check operation of Aircraft Obstruction Lights (Red Lights).
- (d) Check the windsock to ensure that it is operational, not snagged or torn and is properly lit.
- (e) Ensure that no one is playing or skateboarding on the Helicopter Landing Pad.
- (f) <u>Initiate a work request</u> to repair the equipment before being relieved if any deficiencies or malfunctions are noted.
- (2) If, at any time, the OOD believes that the Helicopter Landing Pad is unsafe for NAVLO due to equipment malfunction, disaster, earthquake, equipment destruction or damage, all Pad lights shall be extinguished and immediate action shall be taken to notify the following agencies of this event:

ACTIVITY

	1101111	11101111
(a)	Range Control (BEARMAT)	6679/6623
(b)	Commanding Officer NHTP	2188
(C)	MCAGCC Air Operations	7815/7816
(d)	NHTP Safety Office	2206
(e)	Facilities Officer	2088
(f)	MCAGCC Center Safety Office	5164
(g)	Emergency Medicine Department	2354/2476

PHONE

(3) The OOD or his/her knowledgeable representative shall be present within sight of all the helicopter landing and launching operations to gather pertinent information, i.e. helicopter identification number, attending physician, time of arrival/departure, etc. per NAVHOSP29PALMSINST 1601.1A.

f. <u>Head</u>, <u>Operating Management Department (OMD)</u>

- (1) Activate on a <u>Bi-weekly</u> basis, the helicopter's radio signal light activation (HRSLA) system. Any failure in the operation of this system will be reported to Facilities Maintenance Department for immediate repair.
- (2) If notified by the OOD of a large build-up of debris, sand or other FOD, ensure the Helicopter Landing Pad is swept down and vacuumed by commercial type equipment.

g. Head, Facilities Maintenance Department

- (1) Install and maintain a static grounding point as required by Naval Air Systems Command Military Handbook (MIL-HDBK-274(AS)).
- (a) Arrange for testing of the grounding point by a qualified agent every 14 months, as mandated in MIL-HDBK-274 (AS) para 5.4.1. Copies of the test results shall be retained on file by Facilities Maintenance Department for inspectors' review and provided to the NHTP Safety Manager, MCAGCC Air Operations, Range Control BEARMAT and the MCAGCC Safety Office.
- (b) Ensure that the resistance value of the grounding point shall be less than 10,000 ohms as per MIL-HDBK-274 (AS) para 5.4; and that the date of the test and the value of the resistance measurement is marked on the ground point identification (MIL-HDBK-274(AS) figure 5-7).
- (c) Ensure that the ground point identification is properly marked (MIL-HDBK-274(AS) figure 5-7), if it is required.
- (2) Ensure that surface markings, identification and perimeter or boundary markings, paint type, colors and retro reflective spheres are correct and properly maintained as outlined in NAVAIR 51-50AAA-2, work package 007 01, figure 1 and Federal Aviation Administration Directive FAA AC 150/5370-10. Facilities Maintenance Department shall conduct a semi-annual inspection of the paint and markings and report the results, in writing, to the Hospital Safety Committee.
- (3) Repair any problem with the Helicopter Landing Pad <u>immediately</u>.

NAVHOSP29PALMSISNT 5100.1D CH-1 26 August 1997

- (a) Arrange for the repair of the HRSLA system in the most expedient manner, either by acquiring and maintaining skills and equipment or by contract with an authorized repair service.
- (b) Acquire spare parts and equipment for the rapid repair, maintenance and restoration of the Helicopter Landing Pad in case of damage, vandalism or disaster. All parts and equipment shall be in compliance with the following technical manuals: NAVAIR 51-50AAA-2, MIL-C-25050, MIL-T-27535, or Military handbooks MIL-HDBK-1023/1. These documents are available from the Hospital Safety Office, Base Safety Office, Air Operations Office or COMNAVBASE Safety Office.

CHAPTER 27

INDUSTIAL HYGIENE

27001. <u>Background</u>. Industrial hygienists advises the occupational health care professional, safety personnel, and department heads of specific chemical uses, workplace conditions, and physical stressors. In addition, the industrial hygienist can provide work sight evaluations at the requests of physicians who observed illnesses/symptoms, which could point out emerging deficiencies in the workplace.

27002. General Actions

- a. Industrial Hygiene Division shall:
- (1) Perform the functions as indicated in the previous chapters of 5100.1C and as specified in 5100.23D. The industrial hygienist will utilize the following guidelines in performing these functions.
- (a) Workplace Assessment (Walk-Through Survey). A survey of each workplace shall be conducted by the cognizant industrial hygienist in accordance with OPNAVINST 5100.23D.
- (b) Exposure Assessment. Based on the information obtained during the walk-through survey, the Industrial Hygienist will assess whether or not there is a recognized potential hazard for employee exposure to toxic chemicals and/or harmful physical agents. The record shall also include the rationale for any negative determination. This assessment will be provided to the Occupational Health Division, the Safety Department, and the relative Department Head.
- (c) Workplace Monitoring Plan. A workplace monitoring plan shall be prepared and implemented. The plan will be based on a sampling strategy, such as the one outlined in OPNAVINST 5100.23D, Chapter 8. The frequency of monitoring will be prescribed by specific NAVOSH standards or the professional judgment of the industrial hygienist where such standards do not exist.
- (d) Medical Recommendation. Occupational Health will receive industrial hygiene recommendations for medical surveillance based on collection field data. The recommendations will be in the form of a Special 600 and/or the Industrial Hygiene Annual Survey.

b. Occupational Health Division shall:

- (1) Conduct "trend analyses" on biological and physical monitoring results so that industrial hygienists can be notified when it appears that levels are rising in a particular trade or group of employees, indicating a potential loss of workplace controls.
 - (2) Provide medical surveillance to at risk employees.
 - c. Safety Manager and Department Heads shall:
- (1) Inform the Industrial Hygiene Division of any new processes, exposures, and chemicals which would prompt a reevaluation of the work-places.

d. Employees shall:

(1) Inform Supervisor, Safety Manager or Industrial Hygienist of unsafe or unhealthy work conditions.

27003. <u>Hearing Conservation And Noise Abatement</u>

- a. Industrial Hygienist shall:
- (1) Survey work environments to identify potentially hazardous noise levels and personnel at risk.
- (2) Determine which engineering controls, administrative controls and/or the use of hearing protective devices shall be employed.
- (3) Supply Occupational Health and Safety with a list of shops and processes which require personnel to utilize hearing protection devices and should be included on the hearing conservation program.
- (4) Provide labeling for hazardous noise areas and equipment.
- (5) Assist in hearing conservation training for individuals exposed to hazardous noise and their supervisors.

27004. Asbestos Control

a. Industrial Hygienist shall:

(1) Asbestos identification and bulk sampling will be conducted by qualified individuals from the Industrial Hygiene Division.

- (2) Air monitoring will be conducted at the work-sites and on those personnel who work with exposed friable asbestos.
- (3) Provide Occupational Health, Safety Manager and exposed personnel with the results of the air monitoring or bulk sampling.
 - (4) Provide Asbestos Awareness training.

27005. Polychlorinated Biphenyls (PCB)

- a. Industrial Hygienist shall:
 - (1) Evaluate the need for PCB air sampling.
- (2) Advise the safety manager of the type of respirator protection required.

27006. Man-Made Vitreous Fibers (MMVF)

- a. Industrial Hygienist shall:
- (1) A workplace monitoring plan and sampling shall be established to characterize employee's exposures to MMVF.

27007. Occupational Reproductive Hazards

- a. Industrial Hygienist shall:
- (1) Evaluate the work-site for reproductive stressors (as listed in Appendix 29-A of OPNAVINST 5100.23D).
- (2) Clearly annotate (highlight, asterisk, etc.) potential reproductive stressors on the list of materials and harmful physical agents found in each workplace.
- (3) Where stressor-specific exposure standards exist, the degree of exposure to potential reproductive hazards/stressors shall be quantified using conventual means and the results shall be compared to OSHA, NIOSH or ACGIH standards. Where stressor specific standards do not exist, occupational/reproductive health risk shall be the judgment of the industrial hygienist in consultation with the cognizant occupational medical representative with consideration to relevant toxicological studies.
- (4) A reproductive hazard assessment (including negative determinations) shall be part of the routine evaluation and specifically addressed in the industrial hygiene survey reports.

Assessments should include recommendation to reduce exposures per paragraph 2902b of OPNAVINST 5100.23D.

- (5) Information regarding what products the hazard can be found in, the type of exposure (inhalation, dermal etc.), the medical effects, and the required personal protective equipment can be provided at the request of the Safety Manager, Department Head or Employee.
- (6) Provide information concerning work-place hazards to medical personnel on consult forms.

27008. <u>Indoor Air Quality Management (IAQ)</u>

- a. Industrial Hygienist shall:
- (1) At the request of the NAVOSH manager, initiate an IAQ investigation.

EMPLOYEE STANDARD SAFETY BRIEFING

	EM LOTEL STILL DINCE									
1. N.	. NAME OF EMPLOYEE (Please Print) Supervisory YES NO 2. SSN:									
3. N	AME OF SUPERVISOR 4. J	OB TITLE/SERIES:								
5. Tł	ne following items have been discussed with the employee: ("X" Appro	priate).								
	a. Command Safety Policy. NAVHOSP29PALMSINST 5100.1C									
	b. The need to report all injuries, no matter how small, to the supervisor. Dept of L	, , ,								
	c. Specific discussion of OPNAV 5100/11. Employee report of unsafe or unhealthy NAVHOSP29PALMSINST 5100.1C C	H.8								
	d. Correct method of operating equipment and handling materials. Explain that emmaterials until instructed; review of manufactures operating manuals.	ployees must not operate new equipment or								
	e. Responsibility for self protection and safe guarding fellow workers, such as follows	•								
	f. Use and care of eye protection, respirators, safety shoes, and other protective equipment as required.									
	g. How to lift properly, using the legs and keeping the back erect; get help when the load is too heavy.									
	h. Keep work place clean and orderly. (HOUSEKEEPING)									
	i. Location of emergency equipment and how to use it: Eyewash/showers, fire extin									
	j. Phone numbers for fire, medical emergency and hazardous substance spills: 91	Safety Department: 2206.								
	k. How fire drills are conducted. Pull fire alarm, call by phone, and exit building. Head count of personnel. Supervisor will indicate the exits and muster point for the employees assigned work area.									
	1. Explain the requirements of the Hazardous Communication program. Hazardous Waste, and how to report spills. NAVHOSP29PALMSINST 5100.1C CH.15									
	m. Equipment that has been tagged out (REDTAG) shall not be operated (energized	l) until tag has been cleared.								
6. Tł	ne below listed safety items are specifically pertinent to your department. (To be con	apleted by Supervisor).								
7.	I certify that I have been given the briefing listed above and shall comply with	occupational Safety and Health								
, .	Standards, and all rules, regulations, and department policies which are applied									
8.	EMPLOYEE SIGNATURE:	DATE:								
9.	SUPERVISOR SIGNATURE:	DATE:								
10.	SAFETY MANAGER SIGNATURE:	DATE:								
	PRIVACY ACT OF 1974 This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), for new employee Standard Safety Briefing. The purpose of this form is to document completion of New Employee Orientation. Personal Information provided on this form is given on a voluntary basis, failure to provide this information, however, may result in ineligibility for participation in Safety Programs.									
	If you should have any questions about safety, contact your st	upervisor or the Safety Office.								

NH29PALMS FORM 5100/05 (3-94)

MISHAP REPORT

Command: Naval Hospital 29 Palms, CA	UIC: 35949 Date of Report:Type of							
Mishap: Near Miss Personal Injury Dea	th Other: Date:							
Time of Mishap: Location of Mis	hap:Evolution at time of							
mishap:	Maintenance Work Repair Equipment or Property Damage:							
	stimated Cost: DoD:Non-							
	ame of Injured (Last, First, MI):							
Male/Female SSN:	Rank & Rate: Grade: Phone:							
	THER:							
Duty Status at Time of Mishap:OnO	ii Other:							
Medical Diagnosis:FatalPermane	ntPartial Disability							
Permanent Total Disability Who Caused Mishap? (Use I	NO Disability							
	IST A)							
List A	.b Chandand							
11- Supervisor/Foreman 15- Wate	ch -Standard							
12-Operator 16-Off-I 13-Maintenance Worker 17-Preven	outy Military (use for all off duty)							
13-Maintenance worker 1/-Preve	entive Maintenance Inspector							
14-Motor venicle briver 99-Other	(specify)							
What did he/she fail to do?	(Use List B)							
List B 21-Correctly operate controls/	28-Plan adequately							
Monitor displays	29-Match task to person's ability							
22-Perform PMS/Maintenance	30-Coordinate tasks							
Property/Lockout	31-Provide proper work and rest cycle							
23-Recognizing hazardous situation	32-Supervise progress of work							
	33-Inspect completed work							
25-Use personal protective equipment	99-Other (specify)							
26-Use proper tool/equipment for job								
27-Take corrective action								
Why did she/he fail to carry out action?_	(Use list C)							
List CBehavior Factors-	Medical Factors							
41-Not convenient/comfortable	61-Fatique							
42-Lack of concern/interest	62-Alcohol/hangover							
43-Distraction/inattention	63-Drug use (see note # 1)							
44-Haste	64-Drug abuse (see note #1)							
45-Habit	65-Illness (see note #2)							
46-Over confidence	66-Physical Handicap/impairment							
47-Excessive motivation	Communication Factors							
48-Emotionally aroused (angry	71-Disruptive communication							
worried, ect.)	72-Misunderstood							
Training /Experience Factor-	73-Failure to detect							
51-Inadequate knowledge of	warning signal indicator							
personnel/equipment	Design Factors							
52-Insufficient experience/skill/	81-Restricted vision							
training/equipment	82-Inadequate work space							
99-Other (specify)	83-Personal equipment interference							
· · · · · · · · · · · · · · · · · · ·	84-Inadequate/unavailable tools/equipment							
	85-Poor design/location of controls /display							
	rescribed drugs/ medicine use as prescription or							
	ot prescribed drugs/medicine used as directed							
	ny other use of drug/medicine drug abuse							
Note #2 If the illness is a result of p NH29PALMS FORM 5100/06 (3-94)	resent or past employment give details and narrative.							

NARRATIVE OF MISHAP

Describe	the	chain	of	events	leading	up	to	and	through	the	mishap	in	order	to	aid	in
analysis.																

1.	Who was the cause factor?		
2.	What happened?		
3.	Why did it happen?		
4.	What should be done to prevent reoccurre	nce?	
5.	Corrective Action taken by supervisor? (a) Immediate action:		
	(b) Follow up plans?		
Name o	of reporting Supervisor:		
Name	(print):	_Date:	Signature:
Name o	of Division Head:		
Name	(print):	_Date:	Signature:
COMME	NTS		
	of Department Head:		
Name	(print):	_ Date:	Signature:
COMME	NTS		
	y Office review and comments by: wed:		Date
Name	(print):		

Appendix B to Enclosure (1)

REQ	UEST FOR I	PRESCRIPTION SAETY G	LASSES			
1. From:	2. T	2. To: Command Safety Manager				
3. Name:	4. S	SSN	CIVILIAN ACTIVE DUTY			
5. Job Title:	6. Grade/Rat	te/Rank:	7. DOB: YY/MM/DD			
8. Department:	9. Superviso	Dr:	10. Phone No.			
11. Justification:						
In accordance with NAVHOSP29PALMS Safety Program Manual, 5100.1, I certify that the above named individual a permanent employee engaged in an occupation where there is a reasonable probability of injury to the eyes. I therefore request that he/she be supplied with:						
Prescription Safety Glasses, Side Check one of the following s						
Single Vision						
Bifocal						
Trifocal						
Prescription tinted safety g	glasses (For pe	ersonnel who work outside a	majority of their workday only).			
12. Protective Mask Spectacle Inserts: Chec	k one of the f	following style of lenses:				
Single Visio						
Bifocal						
Trifocal						
13. Mask Manufacturer:						
14. Supervisor Signature:		15. DATE:	16. PHONE NO.			
17. Safety Approved: YES	NO	18. Signature:				
PRIVACY ACT OF 1974						

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974 for permanent employee eligible to participate in Prescription Safety Glasses Program. The purpose of this form is to document employee is engaged in an occupation where there is a reasonable probability of injury to the eyes. Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in Safety Programs.

REQ	UEST FOR SAFETY SHOES		
1. From: DEPARTME.	NT:	2. To: COMMANI	SAFETY MANAGER
3. NAME AND OCCUPATION (Print or Type)	4. SSN:	5. GRADE/RANK	
6. REQUEST THE ABOVE NAMED INDIVIDUAL: Be Issued Standard Stock Safety Shoes (Chukka St	tyle).	a. Size/Width	
Issued Special Safety Footwear (Specify type):		b. Size/Width	
Authorized to Purchase Safety Shoes, Meeting ANSI	Z41.1 (Class 75) From a Retail S	ource.	
7. SUPERVISOR CERTIFICATION			
a. I certify that this individual is employed in oper 20% of their working hours to these conditions an footwear.			quiring the use of special
b. NAME AND OCCUPATION (Print and Type)	c. SIGNATURE:		d. DATE:
8. SAFETY APPROVAL			
a. FROM: COMMAND SAFETY MANAGER	b. то:		
c. Request Approved.			
Standard Stock/Special Safety Footwear has be	een requisitioned as requested abo	ove.	
Employee is authorized to purchase safety show date signed. Reimbursement is limited to the le			od of 30 days from the
Request disapproved for the following reason(s	s):		
d. NAME AND TITLE (Print or Type):	e. SIGNATURE:		f. DATE:
9. SUPERVISOR CERTIFICATION			
a. FROM:		b. TO: COMMANI	SAFETY MANAGER
c. I certify that safety shoes meeting ANSI Z41.1 (6 employee. Employee is requesting reimbursement			e by the above-authorized
d. NAME AND TITLE (Print and Type):	e. SIGNATURE		f. DATE
I	PRIVACY ACT OF 1974		

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974 for permanent employee eligible to participate in Safety Program. The purpose of this is form is to document employee engaged in an occupation where there is a reasonable probability of injury to the feet. Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in Safety Programs.

LOCK-C	LOCK-OUT/TAG-OUT LOG								
LOG SERIAL	TAG COLOR R/Y	DESCRIPTION SYSTEM, COMPONENT, DOCUMENT, ETC.	ISSUED SIGNATURE/DATE	CLEARED SIGNATURE					

NH29PALMS FORM 5100/09

COFFEE MESS AUTHORIZATION

From:	
To: Command Safety Manager	
Subj: COFFEE MESS/MICROWAVE OVEN AUTHORIZA	ATION
Ref: (a) NAVHOSP29PALMSINST 5100.1D	
In accordance with reference (a), permission is requested to operate of Department: Room Number: assume responsibility for supervision and compliance with the regular	The undersigned will
Date:Type/Make:	
Coffee Maker:	
Microwave:	
Refrig:	
Coffee Mess Supervisor:	
Printed Name: Grade	/Rank:
I agree to operate this Mess in a safe and healthful manner.	
Signature:	
1. Supplies and equipment shall be provided by mess users. Appropriate fur messes shall be used for preparing coffee or tea area only; shall not be locate or heads; and food preparation areas shall be kept clean at all times. Coffee enclosed heating elements. These appliances shall have the AUL \cong seal attached to be made for operating a coffee mess. All damage or sub-standard electric repaired/replaced prior to initial use. Extension cords and or adapters, and at	ed in critical areas, such as patients treatment rooms makers shall be electric with self contained tightly hed. Changes to electrical service or plumbing shall cal cords, connections and receptacles shall be
2. The appliance shall rest upon a fire resistant surface away from combusti may require use of fire resistant shield. Hot plates or other heating devices w	
3. All cups, silverware ect.; shall be cleansed after each use. Common coffe service disposable stirring (NON 7340-00-735-5565) type shall be used. Als kept on site for appropriate disinfection to minimize spreading of orally tran herpes, ect.	o disinfectant, available in housekeeping ,will be
4. Bulk sugar, coffee, and non dairy creamer shall be kept in washable contapackages or pour type dispensers for sugar products shall be used. If liquid refrigeration (32 to 34 degrees Fahrenheit), and shall not be held under unrel At the first sign of insect (roaches, ants, ect.) The mess shall be closed and t Technician shall be notified and requested to take appropriate action if the in	cream or milk is used, it must be kept under adequate frigerated for periods of time to exceed three hours. choroughly cleaned. The Preventive Medicine
5. Authorization shall be posted in the area of each approved coffee mess. Onew authorization form.	Changes in the location or equipment shall require a
APPROVAL:	DATE:
APPROVAL: Safety Manager or Preventive Medicine Technic	cian
(or Authorized Representative)	
DISAPPROVAL:	
NH29PALMS FORM 5100/10 (10-96)	Appendix F to Enclosure (1)

EMPLOYEE NAME	I (DO) (DO NOT) USE A VIDEO	DISPLAY TERMINAL (VDT)
DEPARTMENT	VDT BAR CODE NUMBER	ROOM NUMBER:

CHECKLIST FOR EVALUATION OF ERGONOMIC STRESS AT WORKSTATIONS EQUIPPED WITH VIDEO DISPLAY TERMINALS Reference: OPNAV 5100.23D APPENDIX 23-B

1	VDT station is arranged so that lighting does not	Y	N
Τ.	reflect directly off the screen.		
2.	The seat and backrest of the chair support comfortable posture permitting occasional variation in the sitting position.		
3.	Seat height is adjustable so that the entire sole of the foot rest on the floor or a footrest, and the back of the knee is slightly higher the seat of the chair.		
4.	Backrest height is adjustable.		
5.	Backrest angle is adjustable.		
6.	Footrest is provided, if desired by the individual.		
7.	The height at the surface on which the keyboard rest is adjustable, allowing the workers forearms, with fingers resting on the keyboard, to be nearly horizontal or inclined slightly upward.		
8.	The workstation is adjusted so that the wrist is a straight line, i.e., not bent down.		
9.	The top most line of the screen is slightly below eye level.		
10	. Screen position can be tilted.		
11	. Document holder is positioned at the same height and at the same distanced from the viewer as the screen.		
	 Work surface is large enough to hold all needed reference material. (At least 35inches wide) Paper can be easily and conveniently loaded into printer without the need for lifting heavy boxes in awkward postures. 		
14	The VDT screen has color, brightness, contrast, and geometry (centering, height, width) to be satisfactory with the operator.		
15	. The illumination at workstation is satisfactory with the operator.		
16	. Characters on the screen are clear and free of flicker or jitter.		
17	. The is adequate room under the work table to permit free movement of the operators legs and footrest where necessary.		
18	. Task schedules allow the operator to perform duties not requiring the use of the VDT at least 15 minutes during each two hour period.		

NAVHOSP29PALMSINST 5100.1D 7 January 1997 19. Are all adjustments easy to make with a single lever or are known? (Equipment that is difficult to adjust will probably not be adjusted properly.) 20. Is operator able to work at this station, under normal conditions, free from eyestrain, headaches, neck, wrist or back pain? SCORE (Count one point for all "no" answers) TOTAL OPERATORS COMMENTS:

EVALUATION: When a group of station workers are evaluated by the same evaluator, the higher the scores should indicate which workstations are more likely to cause ergonomic stress. A score of zero is a goal, but it is not necessary for each workstation to achieve a perfect score on this checklist. Common since and personal preference should be used to determine whether modifications to workstations are necessary, reasonable and feasible.

DATE:

DEPARTMENTAL SECTION: (TO BE COMPLETED BY DEPARTMENT HEAD)

DEPARTMENT HEADS NAME : ______REQUESTS ASSISTANCE/REVIEW FROM:

- 1. (FACILITIES) Workstation requires adjustment or repair
- 2. (INDUSTRIAL HYGIENE)-Workstation is a problem, cause unknown
- 3. (SAFETY)- Workstation is unsafe or causing injury to my
- properly......
- 5. (OCCUPATIONAL HEALTH)-Employee requires ergonomics training to use workstation properly .___

				_	_		_			
6.	(NONE)-There a	are no	problems	at this	workstation	that we	can't fix	within th	ne department ₋	

DEPARTMENT HEAD COMMENTS:

PREPARED BY:

PREPARES COMMENTS:

COMMENTS:

DEPARTMENT HEAD SIGNATURE:_____ DATE:____

TO BE COMPLETED BY ALL NEW EMPLOYEES, ALL EMPLOYEES BI-ANNUALLY, EMPLOYEES MOVED OR TRANSFERRED TO A NEW AREA OR WORKSTATION AND EMPLOYEES WISHING TO IDENTIFY A NEW PROBLEM. RETURN TO SAFETY DEPARTMENT

NH29PALMS FORM 5100/15 (10-96)

Appendix G to Enclosure (1)